

This account is a record of memories based on the author's personal experiences. Its purpose is to reflect on personal life and spiritual growth and is in no way related to any political stance or organization. The descriptions of certain systems in the text are merely objective experiences from the environment in which they occurred; readers are advised to approach it with rationality.

Faith Memories

Accompanying Illness

(Written on March 22, 2025)

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Thanks to Wangyue Church for the assistance
provided during Dong Ping's illness

Thanks to Dong Ping's family, friends, and
relatives for their help

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Dong Ping's Wishes:

- May her husband become a man who loves the Lord and serve as a spiritual leader in the family;
- May the wife become a woman dearly loved by God, serving as her husband's submissive helper and a positive spiritual influence on their children; may she learn the Lord's character and attributes and become the wise woman described in Proverbs 31;
- May the children become those who love the Lord, becoming influential experts in their professional fields and manifesting God's glory.

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Introduction: The Reason for Recording These Memories

Today I wish to record the treatment process experienced during the pandemic. The COVID-19 pandemic began in 2019, and my family member's illness was only discovered on February 1, 2019 (when she was 50), and she passed away on December 15, 2022 (at the age of 53). These four years almost completely coincided with the COVID-19 pandemic.

My wife suffered from thrombocytopenia—specifically, a type of aplastic anemia known as severe aplastic anemia, in which all three cell lines (red blood cells, white blood cells, and platelets) are markedly reduced. As a result, her levels were far below normal, which caused extreme weakness, impaired blood clotting, bleeding gums, and frequent occurrences of purpura (red spots) on her lower extremities.

I have found the courage to write these memories down today because two years have passed, allowing the pain of the past to gradually settle. I also wish to leave a record for my children, family, and friends. This is an extremely genuine process—a test of body, mind, and spirit. The record not only details the treatment during the pandemic but also includes some experiences of Dong Ping, myself, and others involved.

Summary: The Sudden Fainting Incident and Emergency Hospitalization

Shortly before the Spring Festival, while shopping, my wife suddenly fainted and was rushed to the hospital. As it was the festive season, we had to wait until after the holiday to perform a bone marrow biopsy. The initial diagnosis was aplastic anemia. The hematology department at Qingdao Western Hospital had relatively weak treatment capabilities; therefore, we were advised to transfer to the Qingdao branch of Shandong University Jilu Hospital for treatment. Upon our arrival at Jilu Hospital, another bone marrow biopsy was performed, and the final diagnosis was severe aplastic anemia

with all three cell lines diminished. From that day, we began a four-year course of treatment.

How Dong Ping Discovered Her Illness

My wife discovered her illness before the 2019 Spring Festival—specifically, on the 27th day of the lunar month, corresponding to February 1st in the Gregorian calendar.

That evening, after getting off work, I drove over to Taidong. In the afternoon, Dong Ping had taken a shower at a bathhouse near Li Qun (a place she frequented), located on the northwest side of the intersection of Furu Road and Taidong Second Road. After picking her up, we went to the Li Qun underground supermarket to buy some New Year groceries. She entered the supermarket at around 6:30 p.m., and I waited for her in the car. Around 7:30 p.m., a supermarket staff member phoned using Dong Ping's mobile, saying that my family member had fainted in the supermarket and urging me to come inside immediately.

I quickly ran in and saw Dong Ping leaning against the cash register—her face pale, head down, and visibly exhausted. The staff had provided her with a chair. I asked what was wrong, and she replied that she felt dizzy and had no strength. I hurriedly paid, carried two large bags, helped her to the parking area, and got her into the car.

On the way home, I wondered if it might be hypoglycemia or simply hunger. I suggested we observe her condition, and if she still felt unwell near home, we should go directly to the hospital. She nodded with a faint “okay.” She had no strength to say more, lying silently in the backseat. Nearing home, I asked again if we should go to the hospital. As her condition had not improved, she agreed, and I drove straight to the emergency department at Western Hospital.

At the emergency room, doctors urgently drew her blood and discovered that her red blood cells, white blood cells, platelets, and other blood indicators were all below normal. At that time, we had no idea what the illness was and could only treat the symptoms. In addition, since it was the Spring Festival and the attending physician was on leave, key tests such as a bone marrow biopsy had to wait until after the holiday. Since that day was the 27th of the lunar month, we ended up spending the Spring Festival in the hospital.

The doctors first administered a red blood cell transfusion to help her regain some strength. After completing the admission procedures, I informed my younger brother Chaoyang, who soon came with his family to visit. At that time, my mother was still in relatively good health and was also able to come. My brother and his family even brought some food, and Sister Xiao Wang also visited with plenty of treats. Thus, amid worry and uncertainty, our family spent that Spring Festival in the hospital.

After the holiday, once the doctors resumed work, they arranged for a bone marrow biopsy. I recall that the first biopsy was performed at the pelvic area, and a preliminary diagnosis of aplastic anemia was made—a result that shocked us. Subsequently, a second biopsy was done in the sternum. After consulting experts, the hospital confirmed it was aplastic anemia, and indeed severe aplastic anemia (with all three cell lines reduced). However, due to the limited capabilities of the hematology department at Western Hospital, the doctors advised us to transfer. They recommended the Qingdao branch of Shandong University Jilu Hospital, stating that their hematology department had more experience. Around the 10th day of the lunar month, Dong Ping and I transferred to Jilu Hospital. From that day on, our four-year inpatient treatment journey officially began.

Transferring to Jilu Hospital for Treatment

After completing the admission procedures at Jilu Hospital, we were placed in Ward 1 of the Hematology Department. The ward contained two beds, and we occupied the second one. The room was equipped with a large air purifier that hummed all day long. That first night, both Dong Ping and I felt the immense weight of aplastic anemia, but neither of us wanted to speak of it out of concern for burdening the other. Instead, we prayed together in the ward, sang hymns, and encouraged one another, hoping that by the grace of the Lord, we could overcome this trial. Although we were solely focused on seeking treatment for the disease at the time—overlooking the need for submission, something I realized two years later—we found considerable comfort in prayer and singing in those early days.

Through the treatment process, we gained a deeper understanding of aplastic anemia and thrombocytopenia. Although the process was extremely difficult, it also deepened our companionship and understanding of one another. Our daughter, Xiaoshuang, was living abroad and, with the onset of the pandemic, was not called back home.

First Meeting with Teacher Deng

At that time, although the first bed in our ward was not in use, it was clearly reserved. On the second or third day, a new patient was admitted—Teacher Xiao Deng, an English teacher from a language school in Qingdao. She was about 45 years old, an elegant lady with a round face, slender build, and fashionable style. Although she occupied a bed, she hardly stayed in the hospital; she would come solely for necessary treatments (for instance, receiving a bag of platelets) and then leave immediately. Later we learned that her husband, Yao Guihua, is the Deputy Director of the Cardiology Department at Jilu Hospital and that her daughter is a nurse at the same hospital. Because we shared the same ward, Dong Ping and

Teacher Deng met and gradually became friends. Both being aplastic anemia patients of a similar age, they had similar personalities—proactive, enthusiastic, and somewhat aloof—so they naturally connected.

In May 2020, Teacher Deng specially bought two small pots of fresh flowers for Dong Ping; one pot held white jasmine—very beautiful—which I later placed in my office. Then in August 2021, Teacher Deng, believing her moxibustion method worked well, bought a box of portable small moxibustion cylinders even along with a lighter. Coincidentally, that year I also began to self-study acupuncture and moxibustion, so I followed acupoint charts to provide Dong Ping with some auxiliary treatments.

By the way, Dong Ping particularly cherished the meridian and acupoint massager set I purchased for her. It allowed her to select three to four acupoints (such as Taichong, Sanyinjiao, and Xuehai) with a set timer, which she found very comforting. What she disliked most, however, was my use of acupuncture needles or bloodletting needles—she had already been subjected to too many needle pricks in the hospital.

Although Dong Ping was a Christian and Teacher Deng was a Buddhist, their different religious backgrounds did not hinder them from establishing a deep, four-year friendship. They frequently exchanged treatment experiences, encouraged each other, and faced the illness together. (The friendship is noted to have lasted four years because after Dong Ping passed away, I lost touch with Teacher Deng. May she be safe and well!)

The Medical Environment at Jilu Hospital

The situation at Jilu Hospital is essentially as follows. The main campus of Shandong University Jilu Hospital is located in Jinan, and at the end of 2013, a branch was established in Qingdao—this is the Qingdao Jilu Hospital where we later received treatment—located at the northwest corner of the intersection of Hefei Road and Jinsong Fifth Road. Originally,

the hospital was founded by missionaries at the end of the last century and later gradually transitioned into a state-owned institution. Strictly speaking, Jilu Hospital is not situated exactly at that northwest corner but is over 100 meters away from the intersection. There is another hospital, Qingdao Urology and Diabetes Hospital, which is a single building adjacent to Jilu Hospital, sharing a wall with it. This hospital is mentioned because during the later phase of the pandemic, it also conducted nucleic acid tests with relatively lenient procedures, and it has an underground parking lot. Sometimes when I went to Jilu Hospital and noticed not many cars waiting, I would conveniently park at this other hospital.

We first registered at the hematology outpatient department of Jilu Hospital before entering the ward. We were received by Director Li Zhao, who initially arranged for the duty doctor, Dr. Dong, to handle Dong Ping's daily treatment. Later, Dr. Dong went to the main hospital in Jinan for training—supposedly for promotion—but due to a perceived lack of emotional intelligence, she was not promoted even after returning. Dong Ping, displaying great insight, remarked that even after training, Dr. Dong wouldn't get promoted—and she turned out to be right. Director Yuan Chenglu, who should have retired around 2021, did not want to, so his retirement was postponed. Subsequently, the hospital sent in Director Qin, who continually appeared in a role as the “successor” of the current director. Later on, Dong Ping's attending physicians were replaced by several doctors—one of whom was Dr. Jian, a female doctor who had returned from studying in the United States; though somewhat clumsy and not one to smile much. The one who left a particularly strong impression was Dr. Gao Sheng—a tall, dark-skinned man with a round face, short hair, and large eyes—an agile young doctor. During Dong Ping's treatment, he was promoted as a candidate for deputy director of the hematology department and was held in high regard by Director Yuan; in the later stages, he handled most of Dong

Ping's care along with another doctor named Dr. Liu Yalu. Another young doctor, Wang Juan—older in seniority than Gao Sheng, a Party member known for his rigor, and with whom I maintained closer contact later on—also contributed; in the latter half of 2022, Dong Ping was essentially under the care of Gao Sheng and Dr. Liu Yalu. Although changes in doctors occurred frequently during the treatment process, these physicians left a lasting impression on us. Other doctors, such as Dr. Hao from another team, also assisted us.

In the emergency internal medicine department, we often encountered doctors such as Director Li (male) and Director Dong (female), both very conscientious and exceedingly helpful.

In the hematology ward, there were more than ten nurses. The head nurse, Cao Xiaoyue, coordinated each shift with three nurses stationed along the corridor with mobile treatment computers; they were responsible for administering injections and infusions to patients on the 17th floor wards. The nurse station had at least two nurses, one of whom was a trusted aide of the head nurse—responsible for arranging patient beds and handling admissions and discharges—while one or two other nurses were tasked with preparing, dispensing, and delivering medications to the various wards.

Jilu Hospital's campus is divided into Phase One and Phase Two. During our hospitalization, we were in the Phase One building. The 17th floor of the inpatient building housed the hematology and ophthalmology wards; upon exiting the elevator, one immediately saw the ward area. The building is narrow and oriented east–west. Along the north side of the ward corridor, in the middle, is the nurse station, with patient rooms on both the east and west sides; the entire south side of the corridor comprises patient rooms. The elevator is located in the northeast corner. After entering the ward area, Ward 1 is immediately to the right, adjacent to the ophthalmologist's office and the hematology nurse station. The long nurse

station—about twenty meters in length—features eight computer workstations. The four workstations on the east side of the counter, together with an additional four behind them, are designated for doctors, while the four on the west side are for nurses. North of the nurse station, arranged from east to west, are the hematology department's large meeting room, a storage area, and a medication dispensing room. The south side of the corridor neatly houses nineteen patient rooms. Two of the eastern rooms are sterile rooms designated for bone marrow transplant patients, located opposite the dust-free Ward 1. Additionally, on the north side of the corridor—aside from the nurse station—there are another seven or eight patient rooms on the west. Most of these rooms are used by the hematology department, with only a few used by the ophthalmology department.

We occupied the second bed in Ward 1. This room had only two beds and was equipped with an air purification system, although the air purifier was quite noisy. Except for the sterile room opposite, most standard patient rooms were triple-occupancy, with a very few being quadruple-occupancy. In 2019, there were still a sufficient number of beds; however, from 2020 onward—especially during the pandemic—hospital admissions became very tight. Patients from both the hematology and ophthalmology departments shared the same floor.

The Pathway to Hospitalization

The process was as follows: in 2019, when being discharged, the attending physician would issue a certificate for the next admission. This certificate—issued by the doctor in the ward—would schedule an approximate date for the next hospitalization. We did not need to register again at the outpatient department; we could simply check in at the inpatient department. If a bed was immediately available, we could be admitted; if not, we would have to wait. At the very

beginning of the pandemic, this method was still acceptable. However, starting in the latter half of 2019, it was changed so that one had to register at the outpatient department and provide a nucleic acid test certificate. Even the accompanying person was required to undergo a nucleic acid test. Sometimes, if no bed was available in the ward, we had no choice but to be admitted via the emergency department. Although the emergency room had beds for inpatient treatment, we were reluctant to use it. The atmosphere in the emergency room was tense, the environment noisy, and the doctors and nurses extremely busy. In the hematology ward, everyone was familiar with one another, making communication smooth; in contrast, the emergency room staff did not know us, and some procedures were even more strictly enforced. For example, with blood draws: later, Dong Ping had a PICC line inserted—a catheter that extends from an arm vein to a major heart vessel, facilitating both infusions and blood sampling. In the hematology ward, the nurses could draw blood from the PICC line—even though it wasted a small amount of blood—without causing the patient pain. However, in the emergency room, the doctors and nurses refused to draw blood from the PICC line, deeming it a violation of protocol. No matter how much we explained or described the patient's fragile condition, they insisted on drawing blood from her hand—or even her foot. For a patient already extremely weakened, this only exacerbated her suffering. Moreover, before a transfusion, another needle prick was required to perform cross-matching tests; while in the hematology ward nurses would draw extra blood in advance for backup, in the emergency room, a new blood sample was taken. Besides the pain from these blood draws, the emergency room environment was far from as quiet and tidy as the ward. In a hall of less than 200 square meters, with over 20 beds placed close together, the air did not circulate well and privacy was minimal. We only resorted to the emergency room as a last

resort. The convenience, however, was that once admitted via the emergency department, if a bed later opened up in the hematology ward, priority would be given for a transfer; additionally, various examinations such as CT scans were carried out at a relatively faster pace.

Nucleic Acid Testing

Regarding nucleic acid testing, let me elaborate on some points. First, regarding the testing fee: before July 2020, the cost for one test was 150 RMB; after July 2020 it dropped to 75 RMB per person per test; around October 2021 it became 55 RMB, then in December it further dropped to 40 RMB. Once hospitalized, both the patient and one accompanying family member could be reimbursed for the cost. Starting from May 2022, the tests became free, but this also marked the beginning of routine nucleic acid testing.

If the nucleic acid test report is negative, the initial validity period of the certificate was 15 days; with a signature from a department or attending physician it could be extended by another 15 days. Later, the validity was shortened to 7 days, and during the so-called “rampant” phase of the pandemic around 2022, it became 3 days, 48 hours, or even 24 hours. From the latter half of 2022, one had to wait for a notification from the inpatient department that a bed was available before going for nucleic acid testing, and the test result could not be more than 24 hours old. Once hospitalized, nurses would conduct nucleic acid tests on both patients and their accompanying persons twice daily (morning and evening) and record the results.

I have many firsthand experiences regarding nucleic acid testing. As a means to protect both patients and accompanying family members during the pandemic, nucleic acid testing was reasonable and necessary in the early days. After all, during the

three years of the pandemic, it was an important tool in prevention and control. However, after the pandemic ended, the entire nation learned the “truth” behind nucleic acid testing. The interest groups led by individuals like “Zhang Hexi” and their protectors gradually came to light. It turned out to be a commercialized operation filled with profit transfers, loosely connected to the pandemic. They maliciously expanded the actual scope of the test via their nucleic acid testing companies, making it ubiquitous and commercialized, with consequences far beyond the original purpose of epidemic prevention.

Take my family member’s case, for example. She suffered from thrombocytopenia and nearly required hospitalization for one to two days every week. Most of these admissions were due to her red blood cell and platelet levels dropping so low that she needed platelet transfusions—or red blood cell transfusions when the red blood cell count was low. Right after discharge, after having just received a transfusion, her condition was at its best. However, four to five days later, because her bone marrow could not produce blood cells on its own, the levels of these components rapidly declined, leaving her extremely weak with bleeding from the gums and legs that was hard to stop. It was precisely during these moments of extreme weakness that a nucleic acid test had to be performed before every hospitalization. In all seasons—whether it was sweltering heat or bitter cold, wind, snow, or rain—we had to take her to stand in line for testing. Especially after the 2022 Spring Festival, the situation worsened; people queuing for nucleic acid tests were everywhere. Driving to get tested often meant there was no available parking. Taking a taxi meant waiting by the roadside, and pushing her in a wheelchair in harsh weather was both physically and mentally exhausting. Among those queuing for tests were patients needing tests to see a doctor, companions, business travelers before or after trips—even truck drivers delivering goods to hospitals had to be tested. Nucleic acid testing became an omnipresent, rigid requirement.

Before each hospitalization, I had to first register at the outpatient department, ask the duty doctor to issue a hospitalization certificate, and then line up at the admission office to check for available beds. If there was an empty bed, one had to rush to get a nucleic acid test done. I could manage most of this process on our behalf, but the nucleic acid test itself had to be performed by the patient. At that time, Dong Ping was already extremely weak. Either I had to drive her from home to Jilu Hospital for the test, or push her in a wheelchair—or go to the adjacent Urology and Diabetes Hospital. Looking back, such rushed journeys nearly spanned the entirety of 2021 and 2022.

No matter how critical your condition was in the hospital, everyone was required to have a nucleic acid test first. Once, when Dong Ping had a fever of 39°C, we rushed her to the emergency department. However, due to her high temperature, she was immediately turned away and told that she must first go to the adjacent fever clinic for a nucleic acid test. We ended up waiting more than three hours in that fever clinic for an expedited test result. Only after the result came back negative was she allowed to proceed with further treatments such as antipyresis, blood draws, or platelet transfusions. Outside the hospital's outpatient and emergency entrances, testing equipment was continuously upgraded to verify everyone's travel code and nucleic acid information—as if entering the hospital was like entering a high-security facility.

I often wonder how many chronic patients like us or those suffering from hematologic diseases must undergo regular hospitalizations—and every time, at their weakest state, they must endure the ordeal of queuing for a nucleic acid test in biting cold or scorching heat. How many patients with sudden illnesses—such as heart attacks or traumas from car accidents—who urgently need treatment are turned away because they fail to produce a negative nucleic acid test result?

For us and these patients, the inconvenience and pain caused by these testing requirements are almost beyond description.

Another major issue brought about by nucleic acid testing is that it has restricted the possibility of seeking medical treatment outside one's hometown. In 2019, we could still go to Peking Union Medical College Hospital for treatment and the round trip was convenient. But from 2020 onward, everything changed. With health codes and travel codes in place, you had to report your whereabouts wherever you went. Even if you had a nucleic acid test, upon arriving in another city you still had to quarantine. Sometimes, even local test results were not accepted by hospitals in other regions. Some places would forcibly quarantine you for several days, a week, two weeks, or even a month simply because you came from a "high-risk area." This delayed treatment for many illnesses; there have been reports from several regions where treatment was delayed because of nucleic acid testing requirements, leading to worsening conditions or even death.

Although Dong Ping did not encounter such extreme situations, we experienced firsthand the harsh reality of "nucleic acid test first, treatment later." What is even more incomprehensible to the public is that the nation's system designers apparently never took patients' real situations into account. For those suffering from heart attacks, fevers, or other emergencies, requiring a nucleic acid test as a precondition is nothing short of torture—even a gamble with one's life. This is what has angered and baffled me the most over these years. Such bureaucratic, one-size-fits-all policies have imposed tremendous inconvenience and pain on ordinary people. In the eyes of those enforcing the process, a patient's life appears to be just another piece of data or a step in a procedure—nothing worthy of genuine concern. No one has taken responsibility for

these policies. At the end of 2022, when the nation's steadfast "dynamic zero-COVID" policy suddenly and quietly ended, allowing people with fevers to go untreated, it was laughable that at such a critical moment, pharmacies across the country received notices from the government prohibiting the sale of fever medications.

Regarding vaccinations, because of Dong Ping's condition—and the fact that I myself am a heart stent patient—we were not in the eligible category. Moreover, both of us firmly believed that the vaccines introduced during the crisis were possibly part of a scam, and out of caution we chose not to be vaccinated.

I truly despise this inflexible system that ignores individual circumstances. Nucleic acid testing is a burden for ordinary people and a disaster for the ill, yet no one has taken responsibility for it.

Accompanying During Hospitalization

I have already discussed many matters regarding the ward, nucleic acid testing, and the hospitalization process. Now, I will talk about meals and the accompanying arrangements during hospitalization.

The cafeteria at Jilu Hospital was quite good—the ingredients were very fresh and environmentally friendly, far superior to those at Western Hospital. Breakfast was abundant, starting at 6:30 in the morning. You could either go to the third-floor cafeteria or pre-order by scanning a QR code at each bed; breakfast, lunch, and dinner could all be pre-ordered. Our usual breakfast was usually millet porridge or millet soup, costing about 1.5 RMB per serving. Eggs were also very cheap, and of course there were items such as fried dough sticks, steamed buns, and many other dishes. Lunch options were similarly varied—noodles, steamed buns, and more—a very

plentiful selection. Daily necessities could be purchased at the hospital; the supermarket and the cafeteria were located together. On the first floor, there was also a supermarket where one could buy many items needed for hospitalization and daily living.

As for accompanying persons, this arrangement was rather long-term: as long as Dong Ping was hospitalized, someone needed to pick her up, take her to the hospital, and stay with her. During her 2019 hospitalization, I was mainly responsible for accompanying her, although sometimes her elder sister, Dong Hong (now retired), would join. During Dong Ping's illness, Dong Hong played a crucial role. Even though her own child was overseas and she was busy with her husband's work, she still made time to accompany Dong Ping in the hospital—a gesture for which we are deeply grateful. However, because she had a somewhat impatient temperament, Dong Ping sometimes disliked it. Dong Ping did not like when people lost their temper—my own temper, for instance, was rather short. In our home, it was essentially only me and her sister who could accompany her. Since I had to work during the day, we would usually rely on her sister to help accompany Dong Ping during her hospital stay. Of course, before hospitalization, nucleic acid testing was also required. Dong Ping was meticulous by nature, so when her sister stayed with her for long periods, conflicts sometimes arose. Eventually we began to try hiring professional caregivers. They were acceptable, though it did cost extra money.

Regarding caregiver fees, if the patient is self-sufficient and there are no special circumstances, the fee was 240 RMB per day. For severe or emergency cases, it was 280 RMB per day. In any event, there was an additional 40 RMB per day for meals that was paid directly to the caregiver, separate from the caregiver fee. Jilu Hospital's 20th floor had a caregiver center called "Dingxiang Care." If a patient wished to hire a caregiver, they could call this center. They would then assign a caregiver

based on the patient's condition and the caregiver's skills. The prices mentioned above were split between the agency and the caregiver. The 40 RMB daily meal fee was given directly to the caregiver and was not included in the caregiver fee. Starting around 2021, we hired several caregivers on and off. The last caregiver we hired, Ms. Zhu—a diligent and considerate woman in her 50s—accompanied Dong Ping from November 15, 2022, until the very last moment of her life. We are extremely grateful to her.

Treatment Plan

When we first began hospitalization, our family was hopeful because the doctors said that this disease was not as difficult to treat as leukemia, and we maintained our confidence in the treatment. Both my wife and I were Christians, so during the hospitalization we would often pray together, sing hymns, and encourage each other. Although we were frightened at times, our faith helped us persevere. In the first half of 2019, she was hospitalized almost every month for examinations and treatments—each session maintaining her condition. However, her recovery was very slow, especially with her platelet count showing almost no improvement. We decided to devote ourselves fully to her treatment and to shift the entire focus of the family onto her condition. Our daughter originally planned to return from the United States in 2019, but due to the outbreak of the pandemic she never made it back—postponed for four years, and she never got to see her mother again. This absence remains a deep regret for our whole family.

There are few methods to treat aplastic anemia. The three main approaches are as follows:

1. **Splenectomy:** This approach is based on the belief that the spleen is responsible for “filtering out” the “unsuitable” blood cells. We did not opt for this method.
2. **Bone Marrow Transplantation:** This requires finding a suitably matched donor from across the country, harvesting

healthy bone marrow, and transplanting it into the patient. This method carries high risks and is extremely painful. The process involves placing the patient in a sterile isolation chamber, essentially replacing almost all of their own bone marrow and blood, relying on the donor marrow to rebuild the blood-forming system.

3. **Conservative Treatment:** This consists of using medications and transfusions to maintain the blood cell counts.

Bone marrow transplantation faces three major hurdles. First, matching: it requires finding a donor who is willing and whose various indicators match the patient's. Second, the cost: conservatively estimated at 400,000 to 500,000 RMB or even more. Third, the patient must bear immense physical and mental suffering alone—in those critical days, she was entirely dependent on life-support systems while isolated in the sterile chamber without any caregiver. Moreover, the success rate is not particularly optimistic; though quoted at 30%–40%, no one can truly confirm these figures since unsuccessful cases are rarely recorded. After discussing as a family—including her eldest sister—we eventually decided to forgo the bone marrow transplant. Dong Ping herself did not want to endure that ordeal.

Going to Peking Union Medical College Hospital

Later, I still had to continue working. Her eldest sister accompanied her to Peking Union Medical College Hospital, where a renowned expert, Dr. Nuan Bing, oversaw treatment. Each visit involved first receiving a transfusion in Qingdao and then hurrying over to PUMCH at the pre-arranged outpatient appointment time. Although her physical strength was not good, in the first half of 2019 her condition was tolerable: one transfusion of red blood cells and platelets could sustain her for more than ten days. The medications obtained in Beijing had to be kept cool in ice boxes, and after returning to Qingdao

they were administered at a community hospital. Later, it became too troublesome, so I learned to perform subcutaneous injections myself—thus from then on I was responsible for injecting her with medications to raise her platelet and red blood cell counts, typically injecting the medication into her abdomen.

In 2019, we visited the outpatient departments of Peking Union Medical College Hospital multiple times for treatment, and we also brought her case notes and examination reports to Tianjin Hematology Hospital for consultation. Both institutions are nationally renowned authoritative centers. The treatment approach at PUMCH was also based on medications for maintenance and did not offer many additional effective options. The opinion from Tianjin was still to recommend a bone marrow transplant. It is said that the costs in Tianjin were even higher than in other hospitals—the registration fee, bed fee, and hospitalization fee were all very expensive, not to mention the “kickbacks” for the doctors. In total, the combined cost of a bone marrow transplant plus hospitalization probably exceeded one million RMB, and success was still not guaranteed.

Choosing Jilu Hospital for Treatment

Although we tried seeking treatment in other cities, due to limitations in physical strength, finances, and the treatment window, we ultimately had no choice but to return to Jilu Hospital for long-term treatment. In the latter half of 2019, we settled at Jilu Hospital, where Director Yuan Chenglu led the treatment, with Deputy Director Li Zhao and Dr. Dong assisting. The team at Jilu Hospital was responsible and dedicated, and over time we established familiar procedures and built a foundation of trust with them.

However, during that year we also fell into a psychological trap. We always felt that the hospital was a place for curing and saving lives, and regarding treatment options, we believed that

the attending physicians would choose the best plan based on each patient's situation. Since we did not fully understand the disease, we assumed the doctors' decisions were optimal. Later on, we gradually came to realize that, as part of Chinese society, the physicians were just doing their jobs; they had no personal connection with their patients. Regardless of the illness you had, the doctors simply followed the hospital's standard operating procedures. Even if we offered a small gift out of personal sentiment or courtesy, in the eyes of the doctors (or nurses) it was insignificant. While no one would decline an extra gift, no one would go to extraordinary lengths to resolve a patient's issue just for that reason. When answering patient inquiries, doctors generally avoided taking on responsibility—even more so when it came to treatment plans that affected patient safety.

Any treatment plan proposed by a doctor was merely intended to address the immediate symptoms. They would never directly instruct a patient on the next steps; rather, they would explain the pros and cons of a certain treatment option, ultimately leaving the decision to the patient and their family. Otherwise, if the immediate symptoms were not resolved, the patient might question or even blame the doctor—not to mention the “big decisions” involving long-term treatment plans.

In the case of the three approaches to treat aplastic anemia mentioned earlier—splenectomy, bone marrow transplantation, and the ATG therapy at Peking Union Medical College Hospital—the doctors would simply inform you of the options, leaving the choice to the patient and their family. When Jilu Hospital first introduced the bone marrow transplantation option to us, there was considerable hesitation. Dr. Dong mentioned that the optimal age for a bone marrow transplant is generally under 50. Since Dong Ping was at the upper limit of that age range, even the doctors could not determine the final outcome, so they dismissed the option. In the latter half of

2019, Dr. Dong then recommended that we try “hormone” therapy—in other words, taking large doses of steroids daily for a week in an attempt to stimulate the bone marrow to produce more blood cells—but it yielded no effect.

Liver Disease Treatment

In April 2019, elevated transaminase levels were discovered. According to Dr. Dong, this was possibly due to the heavy burden placed on her liver from the intravenous infusions. In addition, Dong Ping was already a carrier of hepatitis B—and she had suffered from cholecystitis during high school—so her liver and gallbladder function had been weak since her youth. Dr. Dong recommended Director Wang, a liver disease specialist at Jinan Jilu Hospital, who came to the Qingdao branch once a week for consultation. We then transferred to a small ward located behind the main building (on the first floor of a separate building) specifically for monitoring liver function; we stayed there for a period of time—about one to two weeks each time—and went there two to three times (I can't recall exactly).

Premature Menopause

In the latter half of 2019, Dong Ping was already entering menopause though she still had menstrual periods. At that time, another trouble caused by her low platelet count emerged: besides the bleeding from the gums and purpura on her lower legs, whenever her period arrived she suffered from uncontrollable bleeding. Even taking Yunnan Baiyao proved ineffective. The human body is an organic whole, and external medicinal intervention had very limited effects. After consulting with Director Li Zhao and relevant hematology experts, we were offered several options. One was to take progestin or similar medications in order to artificially eliminate her menstruation and force an earlier onset of menopause; the other was to perform surgery—a uterine endometrial ablation—for a permanent solution. We chose the medication route to “cancel the period,” but even after taking the drugs there was no effect; Dong Ping's vitality remained very strong. Director Li Zhao then again advised us to have the endometrial ablation surgery, but both Dong Ping and I were

unwilling to subject a body given by God to harm and thus refused.

However, the relentless monthly bleeding became unbearable. I consulted the wife of an old colleague—she was the head nurse at Western Hospital. Upon hearing our situation, the couple immediately came to visit us at Jilu Hospital and contacted a gynecology director there (an expert introduced when the Qingdao branch of Jilu Hospital was established in 2013, who had previously worked at Western Hospital). With this connection, Dong Ping and I gained a deeper understanding of the procedure and decided to have the surgery.

Fate, however, had its own plans. Once Dong Ping entered the operating room, she needed her platelet count to be replenished before the surgery could commence. That day, no matter what was done, her levels could not reach the required threshold, and the surgery had to be cancelled. In a way, it was as if her body—granted by God—was being preserved intact. Eventually, her menstruation did gradually disappear, likely due to the effects of the progestin-type medication, which was a compound called ethinyl estradiol-cyclopropyl progesterone tablets.

There was also an interlude during this period. After the decision for surgery was made, we were moved to the obstetrics and gynecology ward on the 12th floor for about a week. In that ward was another patient—a rural woman from a county in Qingdao who had come to the city to treat her gynecological condition. Her family members were of low education, were very loud, and constantly chided her, which was quite exasperating. The nurse in charge of our ward was also somewhat slack. One time I could no longer tolerate the situation and lost my temper with her. I scolded her, and she burst into tears—a small outburst that left me feeling somewhat relieved.

Infection of the Left Thenar Muscle

Dong Ping's blood count indicators were declining year by year. Because of her weak bone marrow function, while red blood cells and platelets could be replenished through transfusions when their levels were low, white blood cells could not be supplemented in the same way. A decrease in white blood cells lowers the body's immunity and resistance to viruses, making infections very likely. On the evening of December 2, 2021—right when we were discharged and at home—Dong Ping suddenly discovered a subcutaneous bruise on the thenar area of her left hand, about the size of a one-yuan coin, which gradually began to swell. The next day, the bruise sped up the process of infection, eventually breaking through the skin. Coupled with her low platelet count and poor wound healing, the hematology department called in doctors from other specialties to consult. Apart from treatments aimed at reducing inflammation and swelling, there was no particularly effective method—only waiting was left. Yet, Director Li Zhao actually suggested performing surgery to open up the upper arm and excise the infected tissue. I was very disappointed; fortunately, we did not follow his advice.

(As mentioned earlier, the proposal for uterine endometrial ablation to stop the uncontrolled menstrual bleeding was also suggested by him in collaboration with the gynecology department.) How can a doctor who holds a degree but does not put themselves in the patient's shoes continue to practice?

Later, I separately registered at Western Municipal Hospital, Qingdao Medical University Hospital, and Haiboh Hospital for consultations. I even visited Changning Road's private burn hospital, taking pictures of Dong Ping's hand and details of her condition to seek advice. None of the doctors provided a suitable solution. Now I know it was because her white blood cell count was too low to protect her tissue. In my desperation, I even approached an old senior from my previous company, Chen Dong, whose daughter was treated for a hematologic

disease several years ago at Tianjin Hematology Hospital. Although he has close relationships with the leaders and doctors there, he also could not offer any special remedy—in a society ruled by money and power, without personal interests nothing gets done. For more than two months, the wound remained open, with muscles and tendons exposed to the air. Every day we had to disinfect around the wound with antiseptic solution, apply ointment, and cover it with gauze to prevent further infection.

This was a warning sign: it indicated that Dong Ping's body no longer had sufficient white blood cells, and that they could not be replenished. For most people, such a wound might heal in a little over ten days, but for Dong Ping it took four months for the wound to close. Moreover, the muscle in the thenar area never fully recovered—her entire palm remained flat and thin. At that time, the weather was quite cold (from December to the following March). To avoid irritating the wound, I bought Dong Ping an arm sling for the forearm to protect it from accidental contact. When sleeping, in order to prevent her from touching the left-hand wound, I had to position her hand next to the pillow. In the hospital, since the bed was narrow, I even used a strip of cloth to tie her wrist to the left side of the bed railing—she looked like a small child, which was both heartbreaking and pitiable.

When there were signs of healing, at the beginning of 2022 I purchased a fingertip functional rehabilitation trainer. The device was small, strapped around the upper part of her wrist, and used electrical impulses to stimulate finger movement to prevent muscle atrophy. However, Dong Ping wasn't very fond of it.

Fellow Patients

Xiao Wu and Xiao Xia

We became quite familiar with the environment in the hematology ward at Jilu Hospital over the years, and we met several fellow patients who left a deep impression on us.

One of them was Xiao Wu, who was about 45 years old and worked at a gas station in Haiyang. Xiao Wu said that her leukemia was probably due to long-term exposure to gasoline or benzene compounds. Her husband, Xiao Zhang, was a burly truck driver in Haiyang who stayed by her side every day. He was introverted, and their financial situation was difficult; on top of that, he had a gambling habit that added tremendous pressure to the family. Lacking both social connections and economic support, Xiao Wu often could not secure a hospitalization number. Over the years, we noticed that hospitals preferred to admit patients with serious illnesses—and even more, those who did not understand their condition but were willing to spend everything to get treated. However, patients like Xiao Wu, who were severely ill but had little money, were looked down upon by the hospital.

An incident in 2021 remains particularly vivid in my memory. That time, Xiao Wu was extremely weak. Her husband, carrying his hospitalization bag in one hand and supporting her—who was slumped on his back—with the other, walked into the hospital. At that time we happened to have an available bed, but Dong Ping resolutely decided to give up our bed for her, while we chose to wait for another bed. Such a selfless act in a hospital was almost unheard of, and it even became a sort of irony for the medical staff on the 17th floor, as no one ever actively fought for their own patients' beds—the act of a fellow patient giving up a bed was a rarity. Not long after, Xiao Wu was declared unable to continue treatment and eventually passed away in the early hours of March 30, 2021.

At the time of her death, only her husband was by her side; her son was in high school in Haiyang. Dong Ping felt deep sorrow for her, and I have always remembered this friend. The hospital finally got rid of a patient who was “ill but poor,” yet it left behind tearful regrets even among the on-duty nurses.

I recall that during that hospitalization, even though we were admitted later than Xiao Wu, we were discharged quite soon afterward. When Xiao Wu heard of this, she hobbled alone to the elevator hall at the east end of the corridor and sat on a small threshold near a utility duct, waiting until Dong Ping and I completed our procedures and boarded the elevator. On seeing us, she said she was afraid she might miss the chance to greet us and had been waiting there early.

After Xiao Wu passed away, we never met again, but that scene has been etched into my memory.

Another patient, Xiao Xia, was a middle-aged woman from Chengyang District of Qingdao, around 45 years old. Her condition was almost identical to Dong Ping's. Her husband owned an automobile repair shop in Chengyang and was a cheerful man who privately had a good relationship with our primary physician, Gao. Xiao Xia and Dong Ping interacted frequently in the ward and maintained a close relationship, often discussing their conditions. Regrettably, Xiao Xia eventually also succumbed to severe infections caused by her weakened immune system and passed away.

Whether it was Xiao Xia, Xiao Wu, or even Dong Ping herself, they all suffered from similar conditions—aplastic anemia, thrombocytopenia, and leukemia. The most lethal factor was not the bleeding but the abnormal decrease or increase in white blood cells. This eventually led to the body losing almost all ability to resist bacteria; once bacteria invaded the bloodstream and spread to the brain, it resulted in systemic infection and organ failure, which is the most fatal stage of the disease.

A symptom of bacteria invading the brain is a change in the patient's speech. Around November 13, 2022, Dong Ping experienced a brief episode in which her speech became unclear and her consciousness became hazy for about ten to fifteen seconds. It occurred while Dr. Hao was on duty. He came over to speak with her; during that short period, her speech was muddled, but she soon recovered normal consciousness and clear speech.

In 2020, others passed away as well—for example, Xiao Pang from Beicun, who lived not far from Jilu Hospital, and Xiao Song from Zhan Shan. I heard from other patients that Xiao Pang had given Director Yuan 50,000 RMB in hopes of expediting his treatment; however, contrary to expectations, he soon passed away. It was rumored that Director Yuan did not return the money, although this was never confirmed.

There was also another patient whose ward was diagonally opposite the eastern elevator. One time, as I was going to buy breakfast, I happened to glance in through the doorway and saw a female patient in a bed by the window getting up to fetch her toothbrush and cup. Later, when I returned, I heard that this patient had passed away. I knew her husband—he was a strong, handsome man—and we often greeted each other. It is said that while her husband went down to get breakfast, she got up to wash, and when she returned to her bed she passed away.

There were many patients who died in the hematology ward; however, there were hardly any loud cries. Perhaps it was because those who died had already been tormented by the disease for many years, and both they and their families were utterly exhausted—financially and emotionally. Facing the loss of a loved one sometimes became a temporary “relief” to the survivors. It is indeed a matter of deep regret.

Daily Life and Personal Care

Buying Clothes and Shopping

Before falling ill, Dong Ping was very fastidious about cleanliness. Whether at work or at home during her convalescence, she always dressed appropriately, fashionably, and neatly. She used only light makeup, which she coordinated well with her attire. Even after becoming ill, she never forgot to ask me to take her to clothing stores. At that time, the clothes she bought were mostly either seasonal or new items. Dong Ping frequented an “Qian Ke Wan Lai” apparel shop located on Wenshui Road in Shinan District, where she knew the owner well, and every time she went she would buy a bundle of clothes to take home. There was also another shop located on Sichuan Road, about 200 meters from Tuandao Agricultural Market.

As for household items like bed sheets, quilts, and duvet covers, for many years Dong Ping purchased these from Fuanna (a store) located beneath Building 109 on Minjiang Road. My clothes, socks, underwear, and such were also bought by Dong Ping. To be honest, I never asked her where she bought them, because I was only responsible for wearing them—I did not know the details.

For our daily shopping, the place we both frequented most was Dongbu Jiashike. After we moved and settled on Hefei Road, we would shop there. For example, the pink down jacket that Dong Ping wore for two years was purchased at the clothing store on the first floor of Jiashike. During the first two years of hospitalization, the two of us would secretly slip out of the ward to Jiashike—just like Dong Ping used to do there—to grab some food at a food stall and browse through the clothing store. Every time we would have an ice cream cone (a buy-one-get-one-free deal); she usually could not finish it herself and would give some to me.

There was one time when we even saw head nurse Cao Xiaoyue eating at the Jiashike noodle shop. Worried about being noticed, we hurriedly avoided her from a distance.

Personal Grooming

Dong Ping's skin was not very pale; she didn't seem to like wearing much makeup. I think this might be related to her extroverted personality during school. After entering the workforce, she would wear light makeup and a bit of lipstick. Her hair was always very good—thick, with naturally black color and slightly “pre-curl.” For convenience in movement, she usually tied her hair in a ponytail, and she wore it high at the back of her head rather than letting it hang low, which gave her a capable, business-like appearance.

After she fell ill, I was the one who trimmed her fingernails and toenails (although before, she generally only had her toenails trimmed). Around the age of 45 or 46, she suffered from athlete's foot. Her heels would become dry and cracked, and when it was severe, it was very painful. My mother once expressed the view that athlete's foot couldn't be cured; her reasoning was that if you cured it, the bacteria in the affected skin would spread to other parts of the body, so it was better to leave it be. Honestly, we weren't sure either. So I bought a pedicure knife and other tools, and after soaking her feet, I would use these tools to trim, apply medicine, and moisturize them. The treatment turned out reasonably well—in 2019, after taking many medications (we never knew which one was effective), Dong Ping's athlete's foot actually recovered, which could be seen as a fortunate accident.

Washing and Oral Hygiene

Dong Ping wasn't particularly particular about washing her face or brushing her teeth. Usually, she would just use a facial cleanser, and for brushing her teeth she used a normal soft-bristled toothbrush. At the end of May 2015, when we went to the United States to attend our daughter Xiaoshuang's high school graduation, it seems that around that time we both started using electric toothbrushes—the Philips brand, which Xiaoshuang had sent to us previously. I liked using mine because it allowed me to brush quickly, but Dong Ping didn't like it; she felt the vibrations made her head uncomfortable. Later, after I “encouraged” her to keep up with technology, she reluctantly adjusted. However, during her hospitalization she still preferred a soft-bristled toothbrush, mainly for convenience as it required no charging.

On the other hand, Dong Ping especially loved taking long baths—she would bathe for one to two hours each time. Sometimes she was dissatisfied with the amount of hot water available from our water heater, so she would go to a bathing center or public bath. This is something I still do not understand, since I usually take a shower for only about ten or so minutes and cannot imagine how she managed to bathe for such an extended period. When we lived on Zhonglu in Hong Kong (the area), her favorite was the Dongfangquan Bathing Center located at the southwest corner of the intersection of Yanerdao Road and Zhangzhou 1st Road. It appears that it closed in 2017; afterward, she went to a bathhouse in Taidong. After she fell ill and her strength waned, I had to bathe her. Her hair was long and thick, so it was time-consuming; each bath took about half an hour. I suppose that was just to meet her minimum requirements for bathing.

When we lived in a rooftop garden, there was a shower room that made washing more convenient. Later, when we moved to Yihai Garden and Chunyue Shanse, there was no shower

room—she had to sit on a bench in the bathroom to bathe. During the months when her left hand was infected, not a drop of water could touch that area; we had to cover it with a plastic bag. Also, starting in 2020 when Dong Ping had a PICC line placed, following suggestions from fellow patients, we bought plastic sleeve covers online. Each time she bathed, her arm had to be wrapped carefully.

Dong Ping was once very troubled by not being able to wash her hair as she wished and even considered cutting it all off. At that time, Xiao Wu remarked, “Look at me—my hair fell out completely from chemotherapy, and who knows when it will grow back... how enviable.” However, as Dong Ping’s physical strength declined, bathing gradually became a strenuous task. At the beginning of 2022, I bought a foldable shampoo bed so that she could lie down while having her hair washed. I also used small plastic ear covers to protect her ears. At the very least, her hair had to be washed once a week; it could not be delayed any longer. Each washing session involved me vigorously massaging her scalp—after a while, not washing left a dreadful feeling. On some occasions in the hospital when she needed to have her hair washed, she had no choice but to lie on the bed with her head hanging over the edge and get a rough wash; on a few occasions, caregivers handled it that way for her.

While writing these things, what comes to mind are their expressions, voices, and smiles. It is as though I can still hear the warm and intimate conversations they shared. Yes, this is how they must look in heaven.

Doctors and Nurses

In the hospital, aside from the patients, we mostly interacted with doctors and nurses. Dong Ping was initially under the care of Dr. Dong; later, her primary physician became Dr. Gao

Sheng, and several young doctors also took over at various times. Each doctor had a different style, but they were all generally conscientious and responsible—especially Dr. Gao Sheng, with whom communication was very smooth.

Nurses, however, interacted with us far more frequently. Hematology patients almost had blood drawn every day. If the situation was urgent, drawing blood once a day was typical; if somewhat stable, every two days; and even every three days was considered frequent. Initially, Dong Ping did not have a PICC line installed, so each blood draw required finding a new vein—and sometimes as many as a dozen or more tubes were drawn. The veins in both armpits were repeatedly punctured.

Intravenous infusion needles were generally replaced every seven days to prevent infection. Hematology patients already have low immunity, so infection is a major concern. Once a PICC line was in place, the nurse would clean the line's interface once a week and record the details in a dedicated log to prevent bacterial growth. Having a PICC line made infusions much easier, as repeated needle sticks were no longer necessary. For blood draws, the ward nurses would extract blood directly from the line. However, because the tubing is long, about 20 ml of blood had to be drawn and discarded first so that the sample taken afterward would be fresh.

These procedures became part of our daily hospitalization experience, and through frequent contact the ward nurses gradually became friendly with us. Although hospitals are inherently cold places, there was still warmth in the care and interactions between people.

In contrast, things were different in the emergency room. There, strict rules prevented drawing blood from PICC lines. No matter how much we explained or how weak the patient was, they demanded that blood be drawn by repeatedly

sticking a needle into the hand or foot. Especially in later stages when Dong Ping's veins became very hard to find, this procedure caused her tremendous pain. After drawing blood, an additional cross-matching ("blood typing") was required. In the ward, the nurses would draw extra blood during the first sampling for cross-matching, but in the emergency room, another new needle stick was required, causing significant discomfort.

On the 17th floor, there were about 12 hematology nurses. Apart from the head nurse, Cao Xiaoyue, I cannot recall all their names. One was Xiao Li—a descendant of the ancient Xunzi—who was technically skilled. She was the nurse on duty the night Dong Ping passed away and was the one who administered her final rescue measures. Another nurse, whose name I have forgotten, lived in the same unit of our last rented apartment building, Chunyue Shanse. When I was moving items for Sister Xiao Zhou, she even helped me out; later, I gifted her two daughters a timer each (I had bought several as Dong Ping used to give them as small gifts). There was also a nurse named Xiao Zhang, who got along well with the head nurse. Later, she stopped drawing blood on duty and was assigned to manage bed allocations and admission/discharge procedures—in effect, taking over some daily management from the head nurse. During interactions with Dong Ping, she discovered a shared understanding of our Christian faith, which drew them closer; she even took extra care in bed assignments for us, and on one occasion, she arranged for a bed change. Dong Ping's favorite nurse was called Wen Jing (I no longer recall her family name). She was a tall, slim nurse who was extremely patient with patients and always ready to help Dong Ping. Since most nurses wore masks daily, my impression was that only her eyes appeared slightly

larger—until one day when she removed her mask, I discovered that her appearance was very different from what I had guessed from behind the mask. Less than a month after Dong Ping’s passing, when my mother was in the emergency room at Jilu Hospital for resuscitation, I happened to meet Wen Jing at the nurse station while borrowing a thermometer. She was there to help in the emergency room. After that, I did not see her again—but I remain grateful for her consistent kindness. There was also a nurse named Xiao Liu, who also had big eyes and lived in Taidong. Due to poor relations with the head nurse, when the pandemic began she was reassigned to perform nucleic acid tests for the large crowds every day—a period that lasted nearly two years. This reassignment had a silver lining, however, since most of the time she was stationed in a temporary room by the main entrance of Jilu Hospital, performing oral and nasal swab tests. Whenever she was on duty, the discomfort of the nasal swabs was significantly reduced—and sometimes she even skipped the nasal swab altogether, which helped us a great deal. Later, she was moved to a partition next to the entrance of the ward building, where she specialized in testing for patients meeting the criteria for hospitalization—a role that was slightly less strenuous. To show our gratitude, Dong Ping even asked me to bring her a small gift.

These are the real experiences we had in our interactions with doctors and nurses during our hospitalization. Overall, most healthcare workers were conscientious and did their best. However, many procedures and institutional systems felt impersonal and inflexible. I earnestly hope that this hospital—which was founded by missionaries—can make its patients feel cared for, addressing issues from the perspective of the patient rather than as a cold profit-driven institution.

An Environment Lacking Love Is Suffocating

Writing this is, in a sense, a powerful expression of my anger at the system's indifference. During the course of treatment, we had to confront the coldness and mechanization inherent in the hospital and broader medical system. While some doctors and nurses indeed showed dedication and empathy, more often than not we felt that the bureaucracy had numbed people to the warmth of life. Faced with anxious eyes of patients and trembling pleas from family members, many healthcare workers simply went through the motions—adhering to procedures without stopping to listen or even offering a small measure of compassion.

These medical workers, like me, live in a country that lacks warmth. Though we may share common origins (“born of the same root” as in Cao Zhi’s “Seven Steps Poem”), many are either unaware of the human cost of the system’s control or, if aware, choose to forsake the interests of the “strangers” who come to the hospital for the sake of their own interests. I know that many of them work under tremendous pressure. I do not wish to blame individual doctors or nurses, but I want to send a message: if there is no love in medicine, no matter how advanced the field becomes, it will remain a cold, impersonal practice; if there is no compassion in a hospital, the ward becomes nothing more than an oppressive environment. Remember, not only was Jilu Hospital founded by missionaries in the last century, but almost every well-known hospital in China had its roots in missionary work. After countless changes of regime, the original intentions of its founders have been lost. I hope that every caregiver, regardless of their rank, never forgets that they are not just dealing with a case file, but with the heart of a family—a living person in pain

who needs understanding. May you not only be executors of technical skills, but also guardians of compassion. For the true healing power is never found solely in medicine—it is found in even the smallest amount of love within the heart.

Seeking Help from Social Experts

Dr. Liu

We once sought help from various experts. The first person we contacted was a traditional Chinese medicine specialist, Director Liu, from the Kaifeng Hematology Hospital in Henan. She practiced a method based on “Liu Xian Tang,” which was said to have a “cooling and fever-reducing” effect for aplastic anemia patients. She, along with Dr. Wang from Beijing’s Wangjing Hospital, both had trained under the renowned Henan TCM master, Sun Yimin, and were reputed to have achievements in treating hematologic diseases—especially leukemia. We spent money on six or seven boxes of “Liu Xian Tang” (each box containing 20 bottles of roughly 250 ml per bottle). Online, there were claims that “Liu Xian Tang” was very effective in treating leukemia and aplastic anemia, but it had only minimal effect for Dong Ping. More importantly, during the pandemic we were unable to visit a doctor in person.

Nevertheless, this connection with Director Liu became deeper. For one or two years, we maintained close contact regarding Dong Ping’s treatment—a connection also facilitated by Teacher Deng. We first got in touch with Director Liu on the evening of May 9, 2020, in our ward, through an introduction by Teacher Deng. At that time, Dong Ping and Teacher Deng were not in the same ward; Teacher Deng’s bed was in another

room. When she heard about Dong Ping's situation, she came over, and the two of them chatted. In fact, all the nurses on the 17th floor knew of Teacher Deng's situation—they knew she was Director Tao's wife and that she had a very close relationship with Dong Ping, so they did not interfere with their conversation. Under normal circumstances, patients visiting and chatting with one another is usually frowned upon by other patients. When the nurses saw them, they would often offer some criticism—but regarding Teacher Deng, they never dared to do so. Thus, the two of them would chat for a long time each visit. That evening, Director Tao also came off duty and joined Teacher Deng for dinner. After coming to our ward, he mentioned Director Liu. They had even traveled to a hospital in Henan specifically to visit her and obtain some traditional Chinese medicine—including the “Liu Xian Tang.” Director Tao then gave us Director Liu's contact information. We contacted her the next day. Since she could not conduct a proper pulse diagnosis over the phone, she had to rely on photographs of Dong Ping's tongue coating and root taken by us to make a diagnosis and prescribe herbal medicine. Although this method was not very accurate, over the course of a year to a year and a half we derived considerable psychological comfort from Director Liu. Besides the herbal medicine, “Liu Xian Tang” itself had some renown on the Internet, and it was considered appropriate for thrombocytopenia. Director Liu explained that, in cases like those of Teacher Deng and Dong Ping, which she categorized as “excessive heart-fire” (a condition in TCM), the formula included fresh Shengdi (*Radix Rehmanniae*), fresh dandelion, fresh small thistle, fresh Bai Mao Gen (*Imperata cylindrica*), fresh lotus rhizome, and fresh reed rhizome. As for why there was so much “heat” in the body, I still cannot quite

understand—it was probably due to severe deficiency in the patient’s internal organs, leading to sensations of heat in the body and even in the palms.

During that period, there was also a sister in our church who was suffering from cancer—though I cannot recall the specific type of cancer at the moment. Her husband once consulted me regarding the use and efficacy of “Liu Xian Tang.” He himself was a doctor at a certain hospital and was desperate to find treatment, so I introduced Director Liu’s approach to him. He purchased one or two boxes of “Liu Xian Tang,” but unfortunately, his wife passed away around 2020. Later, he gave me the remaining ten or so bottles of “Liu Xian Tang.” There was also another female patient, Ms. Zhao, who had the same condition as my wife and contacted me to ask about “Liu Xian Tang.” I referred her to contact Director Liu directly. Each bottle of “Liu Xian Tang” is about 250 ml, and the usual dose is half a bottle per time. It is rather unpalatable. As mentioned before, its medicinal effects were not significant, but the psychological comfort it provided was considerable.

Later, Director Liu apparently felt that her method was not working well for Dong Ping’s condition and introduced us to her friend (and fellow alumnus) Dr. Wang from Beijing, a traditional Chinese medicine director at Wangjing Hospital, who was in his sixties and was reputedly well known. We contacted Director Wang, but since he was based in Beijing and—as I mentioned earlier—we could not travel there during the pandemic, we never had the opportunity to consult with him in person. Then, by chance, we learned that Director Wang was scheduled to have clinics at Jingyuan Hospital in Jimo, Qingdao, once every week after the 2021 Spring Festival. We quickly prepared, took leave from work, and drove there so that he could personally examine Dong Ping and prescribe

herbal medicine. Jingyuan Hospital is located about 700 meters west of the south gate of Mashan Park in Jimo. We had prescriptions filled there two or three times. Although no notable side effects were reported, to be honest, we did not observe any clear, positive effects. I now believe that, for Dong Ping and many patients, the damage to the hematopoietic function is a cumulative injury to the body's overall physiological functioning, not something that can be remedied by traditional Chinese medicine within a few days.

In short, Director Wang's treatment did not work either. Additionally, we reached out to several experts on Sina Weibo. I contacted one expert there, and he sent us some medicine for Dong Ping to try. Frankly, it did not work—it only provided some psychological solace and made us feel as if there was hope for recovery.

At home, we had purchased a complete set of electric kettles for simmering Chinese herbal medicine along with plastic medicine bags and other supplies. Making traditional decoctions became part of our daily life. Although the illness severely affected our mood and quality of life, these activities allowed us as a couple to still find a little bit of enjoyment—and for that, we are very grateful.

Note: The “Liu Xian Tang” therapy is based solely on my personal experience and reflections and is not a medical recommendation. Please do not try to imitate it blindly.

Sister Zhang

Around 2020, several sisters from our church began providing us with various folk remedies and alternative methods for treatment. One sister in particular, Sister Zhang, deserves special mention. In 2014 at the Christmas performance of “The

Prodigal Son” at Wangyue Church, she directed the short play along with a director from the Qingdao Drama Troupe, leading several brothers and sisters in rehearsals until the performance was successful. At that time, she was a director at Qingdao Television; later, she left the station after being diagnosed with lung cancer so that she could focus on treatment, rehabilitation exercises, and mutual support with other patients. Over the course of more than five years battling her illness, her spirit in confronting and fighting the disease inspired many. Ultimately, she passed away on the morning of August 6, 2021, leaving behind elderly parents and a son.

Because she belonged to a support group for cancer patients, where members frequently exchanged experiences regarding cancer treatment and rehabilitation, Sister Zhang reconnected with us and introduced many alternative methods. Among these were tea therapy, coffee enemas, Hippocrates soup, and organic nutritional supplements. The first method was tea therapy—using organic tea. The process involved grinding organic tea leaves into powder, and the patient would drink the tea powder (essentially green tea powder) in order to detoxify the body. The organic tea was grown in Guangdong, and reportedly the owners of the tea plantation were Christians. However, I later came to believe that this couple had set the price of the organic tea too high—in effect, they were making money under the pretense of aiding cancer treatment. The second method was an enema—specifically, a coffee enema. The coffee used for the enema was a special variety recommended by Sister Zhang, and all that was needed was to purchase a set of coffee enema equipment. Dong Ping had long suffered from constipation—at least five or six years prior to her falling ill, she had already been dependent on laxatives to help with bowel movements. In retrospect, this is one of our

regrets for not taking better care of her health. She had suffered from cholecystitis since childhood and had been a hepatitis B carrier since her youth. Before marriage, both of us had been vaccinated with antibodies. Additionally, her spleen and stomach functions were relatively weak—she did not eat much, and her bowel movements were irregular. But neither of us regarded these issues as important enough to discuss openly; we were rather shy about such topics, which led her constipation to worsen over time. The coffee enema, as odd as it might seem, provided some relief for her constipation. However, it could not be performed continuously, as that might cause collapse. Another measure was nutritional supplementation. It was through Sister Zhang that Dong Ping learned about drinking ginseng decoctions, including both black ginseng and regular ginseng soups prepared by Tongrentang, as well as various vitamin products (such as Germany's PM Fitline "Big White" and "Little Red," among others). These, of course, were only supplementary methods—essentially placebos in many respects. Sister Zhang was very warm-hearted; not only did she communicate with us by telephone, but she also came to our home for face-to-face conversations and prayer. In addition to the nutritional advice, Sister Zhang taught us how to make Hippocrates soup. The ingredients for Hippocrates soup include 11 items: large scallions, ginger, garlic, dark onions, light onions, potatoes, celery, carrots, tomatoes, chives (or garlic sprouts), and beet roots or beet powder. The method of preparation is relatively simple, though it requires assembling all these ingredients. Since chives are seasonal, I had to order them from out of town online; on occasions when they were unavailable, I substituted garlic sprouts, and the beet root was also purchased online. Because the shelf - life was short, I later

substituted powdered beetroot (sweet beet powder purchased online) instead. Each time I prepared about 200 grams; after washing them thoroughly, I chopped the beets into small cubes using a blender, then simmered them in a pot with water for 30–40 minutes. After simmering, I used a high - speed blender (a “wall breaker”) to turn the contents into a thick paste. One large pot produced enough “soup” for a week. In reality, the “soup” was a dark reddish paste; each serving was 200–300 milliliters and had a somewhat spicy taste. This paste served both as a meal substitute and as a cleansing tonic for the intestines—and it was quite good.

We began drinking this Hippocrates soup around October 2020 and continued well into 2021 even after Sister Zhang passed away; the soup was still intermittently consumed until the end of 2021.

According to her mother, on the day Sister Zhang died in 2021, she got up in the morning, took a bath, finished her washing routine, got dressed, and then lay down on her bed. Soon afterward, she quietly returned to the Lord—a very peaceful process for which we are deeply grateful.

Note: Therapies such as “coffee enema” and “Hippocrates soup” are based solely on my personal experience and reflections and are not medical advice. Please do not imitate them blindly.

Dr. Han

Shortly after—that is, on September 8, 2021—we also got in touch with a Korean translator named Sister Xiao Xiang whom Dong Ping had met while studying a DTS course on Jeju Island

in Korea. A friend of hers had once visited a Christian traditional Chinese medicine (TCM) clinic in Handan, Hebei due to illness. After hearing about Dong Ping's condition, she introduced us to the responsible Dr. Han. His teacher was the venerable Mr. Zhang Yongfang, who mainly focuses on using TCM to treat tumors. In Dong Ping's course of treatment, apart from Director Liu, Dr. Han was the other well-known out-of-town TCM physician we encountered. (Dr. Han is male; Director Liu is female.) I communicated with Dr. Han quite often, and he helped me through several critical moments for Dong Ping.

During Dong Ping's illness, I had always wanted to learn the basics of TCM—including meridian theory and acupuncture. So in June 2020 I enrolled in an online introductory class (a two-week free course with daily lectures, practical sessions, and theoretical assignments) that introduced me to the subject. Although I "entered the door," I never dared practice needling on myself during that class. After it ended, I did not sign up for further classes until, more than two months later in September, one day I finally mustered the courage to give myself an acupuncture treatment with the needles—I had effectively learned how to needle. After mastering needling, I began practicing on visible acupuncture points at home; sometimes when Dong Ping was around, I would practice with her. I simply wanted to learn as quickly as possible, hoping to apply it for Dong Ping's benefit. However, I overlooked one important point—after Dong Ping fell ill she had already received needle treatments on her hands and arms innumerable times. In fact, she was most fearful of needles. Although acupuncture needles are much finer than injection needles and usually cause little pain if the correct points are located, she still harbored considerable trepidation. That is one

of the reasons I, having learned acupuncture, refrained from using it on her and instead used moxibustion more often—a method Dong Ping comparatively preferred.

During my interactions with Dr. Han, based on the photos I sent of Dong Ping's tongue coating and descriptions of her symptoms, he prescribed some herbal formulas that he prepared and mailed to me. At the same time, he introduced another method: drinking bee royal jelly to quickly supplement Dong Ping's "qi," blood, and strength. He sent me some royal jelly that he had collected himself. He also taught me how to prepare a "vinegar egg liquid" (a preparation made by mixing vinegar with egg) for Dong Ping to drink. Moreover, he guided me in using either acupuncture or massage techniques to perform simple treatments on Dong Ping—including moxibustion and bloodletting by needling—and he even drew and photographed diagrams of the acupuncture points for moxibustion and bloodletting for my reference.

On the evening of October 14, 2021, shortly after we had been discharged and were at home, I performed an enema for Dong Ping around 9 p.m. After the enema, while she was having a bowel movement, she suddenly felt dizzy on the toilet, nearly lost consciousness, and broke out in cold sweat. I quickly helped her lie down on the sofa and texted Dr. Han an urgent description of the symptoms—it was already past 10 p.m. He explained that this was what is known as "deqi loss" (or "qi collapse")—in someone whose qi and blood are already insufficient, straining too hard during defecation can trigger such an episode. He advised me to prepare a decoction of jujube (da zao) and brown sugar for Dong Ping and also introduced three acupuncture points (He Gu, Tai Chong, and Shen Que) for moxibustion. I had her drink red date powder mixed with brown sugar water from home and applied moxibustion to the corresponding points. Later, she also drank some royal jelly, and her condition finally improved.

Thus, Dr. Han provided us with tremendous help in these treatment areas—as if he were a friend-physician we could contact at any time. He never adopted an aloof attitude; our telephone communications were smooth and reassuring. We are very grateful to have had such a doctor, someone with whom I could always keep in touch and who offered both emotional support and treatment guidance.

Dr. Wang

In summary, our treatment at Jilu Hospital was based on Western medicine. As I mentioned earlier, all treatment plans were offered as options by the physicians, and the final decision was left to the patient and family. On the other hand, I felt that the hospital did not provide the best patient-oriented approach—and one cannot solely blame them. As I have explained before, the responsible physicians simply couldn't assume the full responsibility for treatment decisions; we gradually came to understand that this is the harsh reality of treating disease. This is a fact, and that is why we sought out so many TCM approaches as adjuvant therapies. Although, in the end, we did not see marked improvements from them, the process provided us with significant comfort. That comfort did not come from hollow reassurances like “Oh, your illness will be cured soon” or “Don't worry, don't be anxious”—effective, sincere communication is many times more valuable. I kept the phone numbers of all these doctors in my contacts; whenever needed, I would call them. The most accessible ones were Director Liu and Dr. Han, while Dr. Wang was comparatively harder to reach—perhaps because he is from Beijing and there was an air of pride about him, or perhaps because I am not very adept at social interactions.

There were two instances that left a deep impression on me. One was when Dong Ping developed a fever of 39°C while we

were in the emergency department. In hematology patients, as the condition worsens and immunity decreases, fever is common. We had tried routine antipyretics, but they were not very effective. Normally, we use the Chinese patent medicine Xin Huang Pian for fever reduction—that was the suggestion from Director Liu. In the hospital, to lower the temperature quickly, doctors often use indomethacin for severe cases; however, I was concerned about its side effects. So, around 9 p.m., I called Dr. Wang to ask for advice. He said, “If you’re truly out of options, buy Angong Niu Huang Wan from Tongrentang.” I was in the emergency room and couldn’t leave to buy it, so I ordered delivery. As expected, it was very expensive—860 RMB a box, with each small, light-yellow pill weighing only about 3 grams. I gave Dong Ping half a pill, and it worked very quickly to lower her temperature. The remaining half was used when a similar situation arose later at home—again, it quickly produced a cooling effect. This medicine was indeed very effective, albeit very costly; we seem to have purchased it twice in total.

On another occasion, about one or two months later, we again encountered a similar situation—fever, dizziness, etc.—but Chinese medicine did not produce much effect. I hesitantly called Dr. Wang again; however, he did not answer the phone and did not return my call.

Dr. Li (the Veteran TCM Physician)

Another TCM doctor I must mention is Dr. Li from a traditional Chinese medicine clinic on Xingyuan Road in the northern district of Qingdao. When we visited him for consultation and to pick up medicine in 2020, he was already over 80 years old. His clinic was a small branch room in a

residential building with a modest sign facing south. In fact, the clinic occupied a small two-room suite. Upon entering, there was a roughly 10-square-meter “south bedroom” used as his consultation room; on the west side were two wooden desks from the 1980s arranged face-to-face against the wall—one of which belonged to Dr. Li’s son. On the desk lay a stack of photocopied pamphlets (on 32K paper) in which his son boasted about his own medical skills and expressed some dissatisfaction with his father, urging visitors to see him instead of Dr. Li—an astonishing sight. On the east side was a physiotherapy bed, with a few small chairs against the wall. Three walls of the consultation room were decorated with various banners of appreciation. Further in, at the north end of the room, was what had once been a “kitchen” but was now used by Dr. Li for taking pulses and for dispensing medicine to patients—accompanied by some miscellaneous items. Behind the north wall of the “south bedroom” were a restroom and a storage room for medicinal materials (the so-called “north bedroom”), a small room of about 7–8 square meters. Inside were wooden shelves similar to those of a traditional Chinese medicine pharmacy, completely filled with various powdered herbs, with loose medicinal materials scattered on the floor. It was said that Dr. Li’s son had long harbored grievances against his father. Although he opened his own clinic, hardly anyone sought his consultation—patients came solely for the renowned name of Dr. Li. Dr. Li started seeing patients every morning at 7 a.m. and finished by 8 a.m.; patients would typically line up at the clinic door as early as 5 or 6 a.m., and dozens were seen each day. After 8 a.m., Dr. Li would quickly finish with the remaining patients—never going past 8:30 a.m.—and from then on, any fees for patients seen after 8 a.m. would go to his son (presumably under some arrangement between father and son).

Due to Dong Ping's sister's relationship and her own condition, Dr. Li once announced in front of everyone that Dong Ping did not need to wait in line to see him. It is important to note that his Chinese medicine was not the typical decoction but rather a powdered formulation prepared on the spot after taking the pulse, with payment and dispensing completed immediately. Each week's dose cost about 800–1,000 RMB. Every time we went, we had to strategize how to catch Dr. Li's attention in the midst of the crowd so that he would call us over for a pulse diagnosis. Many patients were so intent on not losing their spot that we all felt rather shy. In fact, we knew Dr. Li was well aware of the severity of Dong Ping's condition—that she could not delay her medication. That is why he specially allowed us to “jump the queue.” I am very grateful to him and wish him good health and longevity.

It must be noted that the hospital prescribed a vast number of medications for severe aplastic anemia and thrombocytopenia. We tried most of the available treatments, yet throughout the entire course of treatment, we rarely saw the expected effects of these medicines. Many of the so-called treatments merely addressed symptoms rather than truly treating the underlying condition. In many cases, the medications even caused increases in transaminase levels, damaging the liver. That is why, in the early stages (the latter half of 2019 and early 2020), Dong Ping had to seek specialized treatment in the TCM liver department—a consequence of overprescription. The medicines prescribed by these doctors constituted a large portion of non-hospital drugs. I also consulted on many medications—such as Hao Qijun's platelet-raising capsules and Likexun tablets—took them with high hopes, but the effects were extremely limited. Not to mention remedies like using peanut skin to raise platelets.

Deterioration Under Conservative Treatment

From the onset of her illness in 2019, Dong Ping chose conservative treatment—maintaining her vital signs through transfusions and injections rather than pursuing a radical cure. It was a “rational choice made in desperation.” Later, her hospitalization consumed about 80% of her life. Some admissions were as short as a single transfusion (of blood or platelets) followed by discharge; others lasted over ten days. In 2019, the longest stay was over 40 days, and the final hospitalization in 2022 before her passing was also nearly 40 days.

We tried various drugs—platelet-raising medications, hormone therapies, etc. For instance, in 2019 there was an instance when she took large doses of dexamethasone or prednisone acetate—dozens of tablets over consecutive days—in an attempt to stimulate her bone marrow, but with no effect.

By June 2021, I clearly felt that her body was changing. Although she had always been weak, her muscles had once been relatively full. After one discharge, I noticed that her thighs and arms had noticeably lost tone. Soon after, her constipation worsened, eventually developing into bowel obstruction. Starting in 2022, she frequently experienced abdominal pain and required injections of Dolantin (a tightly controlled painkiller) for relief. Sometimes one injection was insufficient, and she needed two. Since Dolantin is a strictly regulated drug, each injection required the signature of the head doctor. Every injection, arranging for a caregiver, and obtaining the necessary sign-offs was extremely troublesome.

Later hospitalizations became a cycle of long-term inpatient stays interspersed with brief discharges. Her platelet count could only hold for a few days, and her gums bled frequently. While red blood cells could be replenished via transfusion, there is no substitute for white blood cells—so her immunity was extremely low, and infection was the greatest danger. The

final period in 2022 was the hardest. Her last hospitalization began on November 11, when the weather was exceptionally cold. I stayed with her for five days before changing the caregiver, and she remained hospitalized until she passed away on December 15. Ultimately, Dong Ping died from a systemic infection. With her white blood cell count dropping as low as 0.3 (in units multiplied by a power of ten), her immune function was practically nonexistent. Even in her final two days, despite using the strongest antibacterial drugs—with daily costs exceeding 4,000 RMB—the infection could not be halted. During the week before her death, she sent me photos showing that a red rash had begun to appear in her right armpit; within two to three days it spread over the entire right upper arm and became significantly swollen. In the final month, she had to be infused with large amounts of fluids every day—both arms were infused simultaneously, starting from when the nurses began their shift in the morning until nearly midnight. Even simple tasks like checking her phone or replying to messages became very difficult.

After hiring a caregiver, I prepared home-cooked meals twice a day—once in the morning and once in the evening—delivering them to her. Breakfast was typically egg custard and porridge; dinner was usually a variety of common stir-fried dishes that I rotated. Dong Ping often said she wanted to “teach” me to cook—implying that when she was no longer by my side, I should be able to cook for myself. In fact, starting in the latter half of 2022, even though Dong Ping’s strength was very weak, she could not rely solely on nutritional medications to sustain her body. So I repeatedly urged her to eat—ensuring she had enough food—which she obeyed; nearly every day she would finish the meals I made, and that gave me some comfort.

Incidentally, Dong Ping always put others first—just as she “trained” me in cooking, even the house at Shazikou was handled similarly. Initially, we had planned to sell it by asking

her sister to help find an agent, but later she shelved the idea. Now I suspect it was meant to be left for me to live in.

Around December 13, the doctor noticed her condition was deteriorating and asked her sister and another relative to come to the hospital for a look. At that time, strict pandemic controls prevented access to the 17th floor, but I managed to have someone bring them in so they could see Dong Ping. Her sister and Dong Ping had said they wanted to serve as caregivers on her behalf—but Dong Ping refused. Before they could say much more, the head nurse reprimanded them and sent them away.

On December 14, after getting off work, I planned dinner as usual. In the afternoon I asked Dong Ping if she wanted a change of flavor—how about tomato-and-egg noodles? She agreed. So after work I quickly prepared a bowl of tomato-and-egg noodles using imported Japanese thin noodles purchased at Haixin Plaza. I delivered it to the ward at around 6:30 p.m. At about 7:30 p.m., I asked the caregiver whether she had eaten, and they said no; later, around 9 p.m., the caregiver informed me she had eaten and that Dong Ping's fever had subsided. Then she slept until the last time I saw her. I remember when I first visited Dong Ping's home during my university days, she made tomato-and-egg noodles for me. I never imagined that years later, the tomato-and-egg noodles I made for her would become her final meal.

In Critical Condition

Around 2:30 in the early hours of the night, Dr. Wang Juan called me and said that Dong Ping had been in a continual coma—indicating that bacteria had already invaded her bloodstream and eventually reached her brain's central nervous system. On hearing this, I immediately got up and ran to the hospital. By the time I arrived at the ward, it was nearly 3 a.m. I also notified Dong Ping's eldest sister, Dong Hong, and her younger sister, Dong Wei; they rushed over as well.

We found Dong Ping once again in the ward. For the past month she had been on bed 13 by the window, where a vital signs monitor at the bedside continuously displayed her heart rate, breathing, and regularly measured her blood pressure. At this point, Dong Ping no longer had any consciousness or the ability to speak, and she did not respond to our or the doctors' questions. The doctors explained that by the middle of the night her pupils had begun to dilate. They had organized an emergency resuscitation, including the injection of hormones and other measures, but still she did not respond. They then notified the family. Since our daughter Xiaoshuang was not nearby, I brought along a recording device and placed it on the windowsill to capture the remainder of the process. Dong Ping's eldest sister and younger sister stood by her bedside—Dong Wei was praying, while I leaned close to her ear softly calling her name and pressing my face near hers. Xiao Zhu, who had been constantly by her side until then, was so shocked by the scene that he ran out into the corridor.

At that moment, a doctor from the emergency department arrived. After examining Dong Ping's condition, he led me into the corridor to speak. In a low, measured tone he explained that even if they attempted resuscitation in the emergency room, her entire body would be crisscrossed with life-support tubes—and such measures would be nearly ineffective since the infection had spread systemically, making it impossible to eliminate with these means. He then asked if I agreed to such

resuscitative efforts should the family insist. I refused, as Dong Ping had repeatedly stated while still lucid that she did not want any futile resuscitation.

Passing

At 4:17 a.m., Nurse Xiao Li informed the on-duty doctor that Dong Ping had completely lost all vital signs. Thus, Dong Ping quietly completed her final journey through life. Regarding the decision to forego resuscitation, we felt no regret because it was a choice we reached together after deep, thoughtful consideration. Faced with an insurmountable illness, we chose a path that would spare her further suffering.

We ultimately opted for conservative treatment because, when fully alert, she had reflected deeply on her situation and made that decision herself. It was neither a rash decision nor a matter of purely economic sacrifice—it was a rational choice made after she weighed her own experiences and family circumstances. I recall Dong Ping once mentioning (and I know it too) that her mother—that is, my mother-in-law—had undergone a unilateral mastectomy for advanced breast cancer in 2000 and then endured chemotherapy and radiotherapy. The process was extraordinarily painful; she became extremely weak and suffered intense pain after chemotherapy, and ultimately, in immense suffering, she bid farewell to her loved ones. Although Dong Ping and our family did not condone that kind of treatment, in the face of unbearable pain she sought an alternative understanding. Over the years in the hospital, I witnessed firsthand treatments that filled patients with tubes from head to toe and incurred huge daily expenses, yet left little hope of survival. She did not want to repeat such an outcome. She made it clear that she did not want to undergo a bone marrow transplant, nor did she wish to accept any

terminal resuscitation. She felt that such seemingly aggressive treatments were merely deeper forms of torture.

Besides the physical pain, the enormous financial burden under the current Chinese medical system was also a serious consideration for us. Bone marrow transplants are rarely reimbursed, and their costs are astronomical. Even if we emptied our savings, there would be no guarantee of success. She did not want her family to bear the debt and the psychological burden of such an outcome.

The Final Moments on Earth

In the Morgue

After it was confirmed that Dong Ping had passed away, the nurse notified the morgue staff downstairs. They then pushed the hearse up to our room on the 17th floor. Two male employees came up via a back elevator near the nurse station. (Incidentally, this elevator was very discreet—few patients knew about it—but Dong Ping was clever. She discovered this secret passage that allowed her to sneak home. There were one or two times during our hospitalizations when we wanted to slip out at night, but the normal elevators on the 17th floor were locked. We then would locate this service elevator, which was normally used by cleaning or other non-medical staff, and by taking it we could directly go down to the first floor and exit. The next morning we'd quietly take it back up again.)

When we arrived downstairs with Dong Ping's hearse, it was already after 5 a.m. We waited there, and I discreetly handed 100 RMB in cash to the morgue staff as a token of thanks. Near 6:30 a.m., I called another brother from our church, Xiao Wang, to ask about how to handle the subsequent formalities. I asked him because a few years ago, a sailing coach in our church—who had died from liver cancer—had his affairs handled by Xiao Wang. He told me I could call the funeral

home's customer service, and the attendant would explain everything in detail.

I made the call; the attendant recorded which hospital it was from, and then asked about the type of hearse, the level of the vehicle, and the style of the coffin. Thanks to preferential policies from the Qingdao Civil Affairs Bureau, ordinary hearses are free. I chose a Mercedes hearse for Dong Ping; for the casket, I selected a model specially designed for Christians—the casket itself was white with a red cross on the lid. Before the hearse arrived, Dong Ping's sister and I helped change her clothes. Since her right arm was swollen and stained with blood and could not be removed from its bandages, I replaced her clothes with ones I had brought from home. I dressed her in a clean shirt, trousers, jacket, socks, and also a scarf and her favorite hat. The trousers had a pattern in dark blue, black, and red stripes, and the jacket and hat were in her favorite dark red color. Perhaps this red symbolized, in a bittersweet way, her lifelong struggle with low red blood cell counts—even so, red remains a color of celebration and warmth. I remembered that when I first visited Dong Ping's home in college, she once made tomato-and-egg noodles for me. I would never have imagined that years later the tomato-and-egg noodles I prepared for her would become her final meal.

Keeping Vigil at the Funeral Home

At around 8:30 a.m., the funeral home's hearse transported Dong Ping's casket to the funeral home. I, together with Dong Ping's sisters (her eldest and younger sister) and my brother Chaoyang with his wife, went to the main hall of the funeral home to handle the formalities. Due to the pandemic, that day the number of people being cremated and processing paperwork was nearly ten times the normal amount. I chose

not to place Dong Ping's body immediately in the usual cold storage. With the help of the staff, we selected a wake room—a chapel for keeping vigil on Dong Ping—for three days.

The wake room was fee-based (2,500 RMB per day) and located among more than a dozen farewell halls on the first floor of the funeral home, right in the middle and adjacent to a flower shop. To get there, one would turn right after the flower shop and walk through a corridor of over ten meters. The entire room was elegantly decorated, covering about 30 square meters, with wooden furniture and door frames on a marble floor. Upon entering was a narrow reception area furnished with sofas, tables, a water dispenser, a kettle, and tissues. Continuing forward to the left led to the main hall of the wake room—an area of over 20 square meters—with a large insulated wooden casket placed centrally. On the wall above the casket hung an oversized Buddha statue; below that, along the wall, was an offering table with electronic candles and a perpetual lamp. Because Dong Ping and I were Christians, we had removed the Buddha image (rolling it up) so that it would not be in view. We did not use the standard insulated casket provided; instead, we placed Dong Ping's casket close to it in the center of the hall. This way, upon entering, one could see the entire room and Dong Ping's casket on the other side of the door frame. Although the ambient temperature in the wake room was kept below 20°C by air conditioning—which was suitable for Dong Ping—it was a bit cold for those keeping vigil, yet that was not a major concern.

The wake room was open to visitors from 8:30 a.m. until 4:30 p.m. At all other times, the funeral home staff handled the opening and closing of the doors to ensure the room's safety. In that space, it was just Dong Ping and me together. She lay there quietly, as if asleep. I spoke to her occasionally—just like we would when conversing normally. Sometimes I talked about our treatments, sometimes about our daughter's faith and our daily life, and sometimes about her other friends including our

church brothers and sisters. Yet the most pressing question on my mind was: what will my life be like without her? How will Xiaoshuang manage without her mother? Dong Ping listened silently—at times it seemed as if she did not hear, yet at other moments it felt as though she was answering every question. Since I believed that even while we keep vigil her spirit is with us and that the Holy Spirit is present with us both, I was comforted by the idea that she would be with Xiaoshuang as well. Both the living and the departed need not worry—God will arrange everything.

After Dong Ping was taken by the Lord, I posted a message in the Wangyue Church WeChat group. Many brothers and sisters offered their prayers and comfort. Pastor Cao even reached out to ask if I needed any help and soon came with Brother Wu and his wife to visit Dong Ping. Sister Xiao Zhou came the following morning and talked with Dong Ping's eldest sister; she seemed to talk endlessly. Sister Xiao Zhou can be described as one of Dong Ping's closest spiritual friends—during her hospitalizations when Dong Ping's bowel pain became unbearable, she would call Xiao Zhou in the middle of the night to pour out her troubles. Later, Xiao Zhou said that Dong Ping rarely spoke with me because she did not want me to worry. In the afternoon the next day, a few sisters from Yingxu Church—Sisters Zhao, Feng, Liang, Wang, and Cui—came to pay their respects.

The Farewell Ceremony

The final farewell ceremony was held on the third day at 10 a.m. Members from Wangyue Church—Sisters Wu, Guan, and Xiao, and Brothers Liu and Li, among others—came to bid farewell, and Brother Xiao Wang recorded the whole ceremony. Unfortunately, we later discovered that a large segment of the footage had not been saved—it may have been God's will—but I

managed to capture the entire process on another device. Dong Ping's father, her eldest sister Dong Hong, and her younger sister Dong Wei were there; Chaoyang and his wife also attended. I even saw Zhang, a former leader from when I worked in a chemical plant, and Brother Yang and his wife. When I was alone with my father-in-law, I knelt before him and prayed for his forgiveness, saying, "Dad, I did not take good care of Dong Ping."

Although many in the church body attended, I did not follow the usual church hymns. Instead, I spent the entire ceremony recounting Dong Ping's illness and passing, summarizing the treatment process, and expressing my gratitude for the donations and prayers from Wangyue Church. That day, I wore the suit I had taken to the United States for Xiaoshuang's high school graduation—standing upright and speaking methodically—because I knew that Dong Ping liked it that way, and that she preferred to hear me speak like this. I also mentioned how she had "trained" me in cooking. She knew her condition all too well but could not bear the thought of leaving behind a daughter of faith and a husband unable to manage life on his own. After she left, it would be up to me to solve all those issues. May God protect everything.

Psychological Counseling During Hospitalization

When it comes to topics of spirituality and life, every person has their own insights. In times of stability, people seek elevation of thought; after falling ill, they need comfort and encouragement for the soul. For Dong Ping and me, when we first faced her illness we began to contemplate what role our faith might play in the treatment process. Could prayer truly heal the disease? This was both our hope and our question. Please remember this: we later realized that this was a fundamental issue concerning our faith.

Is There “A More Excellent Way”?

There is a book called *A More Excellent Way* (alternatively, *The More Excellent Way*) written by the American pastor Henry W. Wright. It was given to Dong Ping as an e-book by Sister Kathry, and Dong Ping, along with three other sisters, had taken Bible courses with her—with me driving them back and forth almost every time. This book came to us at just the right moment. It elaborated in detail on the concept of “obtaining healing through prayer,” which was exactly what we desperately needed to understand.

In the introduction of the book, there are lines that I have excerpted. One core idea emphasized in the book is that there exists a deep connection between disease and sin. Another theme is the adverse consequences of being separated from God, from His word, and from His love—and the negative repercussions of being separated from others as well as from oneself. Pastor Henry said, “When I began to truly engage with people’s lives and prayed for them, I believed that God would heal them. Yet among those I prayed for, fewer than 5% were restored. I preached the gospel and helped people gain salvation, but I was powerless in the face of the hardships that believers encountered. Is this the gospel I have been preaching?” Later, he added: “It is not that healing is impossible, but that we must first be sanctified in certain aspects of our lives for healing to occur.” He suggested that the diseases in our bodies are the result of our separation from God—a consequence of not living according to the teachings of the Bible.

Following this, we learned from the book about the spiritual causes of illness and its relationship to faith, as well as cases and descriptions of healing for almost every common type of illness—the most important aspect being the spiritual root

cause and associated prayer points. Yet, what we did not know was how the prayer we offer for healing differs from our own, personal prayers when we face illness. This is exactly why we cannot reconcile with ourselves or with others, why we fail to live according to Christ's example, and ultimately why we do not live out His love. Without this understanding, friends reading my article may not fully understand a person's faith or why, when someone's prayer is answered, they sometimes attribute it merely to good luck—it is much more than that.

When a person accepts Jesus as their Savior, every aspect of their life conforms to His will—to do, as far as possible, what one believes to be right without being bound by negative emotions, and to actively help others. I suggest that “God’s will” be understood as the freedom to do what one perceives to be right—so long as it does not violate reasonable laws and cultural traditions—and to be liberated from oppressive negative emotions, thus actively aiding others. Such sins or even the influence of the adversary (Satan) are manifested not only in personal emotions but also through environmental pressures that suppress you. An environment that represses you is undoubtedly the collective influence of many sins and satanic forces.

If a person lives for a long time in an environment guided by “God’s will” – meaning, if they continually act according to God’s leading, in the manner of figures such as Enoch, Noah, and later Abraham as recorded in the Old Testament – the Bible does not merely describe these individuals as “great,” but rather as those who “walked with God.” This should not be understood as God walking hand-in-hand with them in the wilderness, but rather that Enoch, Noah, and Abraham were able to devote themselves fully to doing what God had put in their hearts without being bound or dominated by other voices. Please refer to my earlier explanation of “God’s will.” Everything they did in their lives was without being ensnared or controlled by any other influence.

“A More Excellent Way” at Every Moment

Reflecting on our life experiences—mine, Dong Ping’s, and that of other brothers and sisters—did we truly act according to “God’s will”? How many of our actions deviated from it? These deviations in our words and conduct are, as Pastor Henry describes, the manifestations of our separation from God’s love. Over ten or even twenty years of our journey in faith, the phrase “exalt the Lord above all” has, for both of us (and for almost everyone), been nothing more than a written expression—very few are able to truly connect that promise with every moment of life. Every person’s present thoughts, physical condition, and chosen living environment are, in some way, the result of having drifted away from God’s love.

Living in an environment under the dominion of Satan, we indeed have, at many critical junctures in life, been forced to “associate with sin and Satan.” As Scripture declares, we live in a wicked and rebellious age—in our work, social environments, and even within our families it is extremely difficult to escape the control of sin. One clear manifestation of this bondage is that people worry and fear that their desires will never be fulfilled; we are anxious that our plans might fail or encounter difficulties, and we lack the faith to entrust our burdens entirely to God—or to what we might call fate. (I place “God” and “fate” together here to facilitate understanding; please consider my previous personal explanation of “God’s will” as a reference.)

Conversely, we have persistently pursued our own ideas and striven by our own efforts—planning, executing, worrying, fretting, even longing and regretting—without readily entrusting these matters to God or to fate. We have not allowed Him to lead us and have not learned to accept everything that happens with calm assurance. Otherwise, the cumulative weight of our negative emotions can inflict severe damage on

our mind and body. Such harm is not merely the result of our anxieties, fears, or desires; it is rather the consequence of being bound by sin or Satan—that is, of having stepped away from God’s guidance. In other words, when we notice that our body is failing in one way or another, is it reasonable to expect that mere persistent prayer—even fasting combined with prayer—will suddenly produce a miracle?

Many Christians regard God as all-powerful, thinking that even if they “lie down” they will still receive His grace, even hoping that through prayer they might obtain unexpected blessings from God. Yet they overlook the truth inherent in the statement that “to live as Christ is to let God’s work through us display His glory.” Without the courageous pursuit of true freedom, exalting God becomes an empty phrase. Being bound by Satan is one of the saddest conditions of being human; many claim not to believe yet remain tightly shrouded by selfish desires, never receiving the liberation of the nature that God has given.

Both Dong Ping and I read Pastor Henry’s book—even though I read it first. After reading it, I even said to Dong Ping, “Just you wait and see; my high blood pressure is really a form of post-traumatic stress—a result of accumulated worry and anxiety from not entrusting my burdens to God. I will pray earnestly, and in less than six months I’ll be better.” I said this around the latter half of 2019. Yet to this day I have not shaken my high blood pressure—I became one of the 95% for whom, as Pastor Henry noted, prayer does not appear to take effect, and I felt deeply disheartened. On the other hand, after praying and declaring boldly, I gradually developed a greater ability to withstand worry and anxiety. I must admit there was some benefit. Over these years I have continuously attempted to let go of negative emotions and have focused wholeheartedly on

pursuing activities that interest me. True recovery and healing of the body must be accompanied by a renewal of our mindset. Of course, prayer plays an important role. But whether prayer “works” depends on repentance—continuously shedding one’s negative emotional bonds is the beginning of repentance. Even if it is a case of “mending the barn after the sheep are lost,” change is still possible, and we begin to see improvement.

A couple of years into her illness, Dong Ping too read Pastor Henry’s book seriously. In light of what I considered to be my own experience with high blood pressure, we gradually came to understand the relationship between sin and healing, recognizing that disease is the consequence of being separated from God. We no longer pursued treatment solely to cure our respective ailments; rather, the direction of our healing and the focus of our prayers changed. From the moment we recognized this issue, we learned to calmly accept every person and circumstance that came our way—from the individual doctors and nurses to the treatment plans, as well as the fair or unfair treatment we encountered in society. In our hearts, we came to forgive these doctors, nurses, and even those we met in various settings, because we understood that all these experiences were lessons that God set before us. In such calm surrender, setting aside some of our independent and subjective opinions, our hearts gradually found peace.

This sort of practice should have been undertaken ten or twenty years ago. “Mending the barn after losing the sheep” can indeed have an effect—even if very slight—but even simply being aware of the problem fills us with gratitude. We need to stand before Him, reclaiming our true selves, and confidently handing over control to Him. Let Him lead us to meet certain people and to experience certain events; let us go through such things without complaint—entirely under His guidance, leaving no regrets or fear in our hearts. If we sincerely, with a whole heart, accept Jesus Christ as our Savior—even if our

illness or our body cannot be healed—we will be able to see Jesus Christ. We will be reunited with our loved ones in heaven, including our fathers, our mothers, and other family members who share our faith. Would that not be a far better place? Our faith and understanding of God can bring comfort and serve as an example to many fellow believers.

Spiritual Confidante: Sister Xiao Zhou

At this point I must mention Dong Ping's spiritual confidante, Sister Xiao Zhou, who was many years younger than Dong Ping. I recall Dong Ping saying that she met Xiao Zhou during a DTS class—in the break after class, when the teacher designated one sister to lead the closing prayer, Dong Ping was immediately moved by that prayer and, after class, took the initiative to seek out Xiao Zhou. From that moment the two became acquainted and gradually formed a close friendship. Later, as they spent more time together, they grew even closer and happier. Xiao Zhou's home is less than 200 meters from the West Sea Shopping Mall where Dong Ping once worked—I suspect that over the years they had countless “chance encounters.”

Dong Ping and I often talked about matters related to the church and our faith. She always hoped that I might have a chance to study further abroad in a seminary like Mr. Bu did, but that opportunity never arose. Thus, when I discussed faith with Dong Ping using my limited Biblical knowledge, my insights were often too subjective and shallow to reach the root of the matter. Sister Xiao Zhou perfectly filled this gap. Because they had both taken Bible courses together and their personalities meshed so well, every conversation between them lasted a long time as they exchanged insights on faith and shared their life experiences. Whether Dong Ping was hospitalized or at home, their conversations undoubtedly provided her with vital psychological comfort and

encouragement. I am extremely grateful that God sent such a sister to be by Dong Ping's side.

I recall that at the end of October 2021, Dong Ping experienced chronic appendicitis, which brought intermittent abdominal pain for over half a month. Then, at the end of October 2022—as her white blood cell count gradually fell, leaving her unable to fend off bacterial invasion (especially as her intestinal flora ran rampant)—she suffered severe abdominal pain for many consecutive days, with pain being most intense in the evenings. She could only rely on injections of Dolantin for relief; on some occasions one injection was insufficient, and she required two per night. Dolantin is administered as an intramuscular injection in the gluteal muscles, and because its needle is thicker than those used for IV injections, the prick is very painful though the effect comes on quickly. Sometimes it wasn't I who was by her side but a hired caregiver. When Dong Ping suffered severe abdominal pain, she would naturally seek help—generally not from me, because she knew I could hardly bear too much stress. Instead, she usually sent messages of distress to Sister Xiao Zhou; I believe that Sister Xiao Zhou also absorbed much of the psychological burden on my behalf. In addition, Sister Xiao Zhou's mother was very concerned about Dong Ping's condition. Although she did not communicate directly, she still sent dumplings for Dong Ping and me through Sister Xiao Zhou. I later checked our chat logs and saw that this was on November 5, 2021.

Dong Ping's Work Experience Review

For the latter part of this article, I must discuss Dong Ping's faith, some of her life experiences, and matters connected with the church. Dong Ping and I first met when we were admitted to Qingdao No.16 High School in September 1984. Our

subsequent developments were not entirely subject to our own will. In 1987, upon graduating high school, Dong Ping did not pass the college entrance examination. Her parents then contacted her aunt and sent her for a one-year repeat class at Mouping No. 1 High School in Yantai. In 1988 she took the college entrance exam again, but still did not pass. By that time I was already in university—my first year, in fact. Dong Ping's mother (who later became my mother-in-law) had, during a Spring Festival visit in my senior high year, taken a liking to me while remaining cold toward other visiting boys; she silently approved our continuing relationship, and so we gradually began dating. While Dong Ping was in Yantai for her repeat year, we could only correspond by letter—and not very frequently, as it was not yet the time for deep romance.

West Sea Shopping Mall

After Dong Ping returned to Qingdao without having entered university, her father (later my father-in-law) quickly found her a job in May 1989 (when she was 20) as a sales clerk at the newly opened West Sea Shopping Mall, which had been in operation for just over four months. The West Sea Shopping Mall was housed in a white building with five floors at the southeast corner of Anshan Road and Zhenjiang Road in Qingdao, with each floor covering more than 1,000 square meters. At that time the mall was a very innovative concept. While several major department stores in Qingdao still operated on a traditional model, the West Sea Shopping Mall embraced a modern, open-counter format and was the first in the island city to be equipped with an escalator. With a wide variety of merchandise and young, attractive sales staff, the

mall exuded a modern atmosphere that attracted residents from all over the city and beyond. Dong Ping quickly became very close with a group of young friends—this was also the first time in her life that she met so many people. All the sales staff were very young, and I too enjoyed many special privileges—occasionally I could buy snacks, sausages, Zhongde beer, etc. at discounted prices from the various counters, and I even had the chance to borrow a sample camera from the electronics section, which I would return after a trip.

Among these acquaintances, I recall several of her close friends (though I do not remember all their names). One friend with whom she maintained frequent contact was Xiao Song. Xiao Song was roughly the same age as Dong Ping, and they had stayed in touch from the time they first met—whenever we needed help buying furniture, for instance, we would ask her. However, during the years when Dong Ping was ill—and until her passing—Xiao Song herself encountered health issues for over a year in 2019, and thus they lost touch. Dong Ping and I often talked about Xiao Song, but because of her illness, she did not keep in touch with Xiao Song; the two good friends gradually drifted apart. It was only just before I began writing this article that Xiao Song learned of the news. A few days ago we met, exchanged updates on events over the past few years, and reflected deeply.

Electric Motor Factory

Dong Ping worked at West Sea Shopping Mall for a full year. Then in June 1990 (at age 21), through an introduction by acquaintances, her father arranged for her transfer to the Qingdao Electric Motor Factory. The Qingdao Electric Motor Factory was a modest little factory established in 1980, managed by Mr. Liu, and its old address was No. 472, Xiwujia

Village in Sifang District—located on the north bank of the Haibo River in Qingdao. Specifically, from the Haibo River Hospital in Qingdao, there is a small road called Xiwu First Road heading southeast; after about 200 meters, on the south side of the road stood Qingdao No.20 High School (now transformed into Qingdao Vocational School); a further 100 meters ahead was the former site of the Qingdao Electric Motor Factory, which has now been replaced by the Aohuan Garden Residential Community.

At this factory, Dong Ping worked as an officer in the factory's Youth League Committee—a role with a light workload (or, put simply, a very relaxed one). Because the factory belonged to the Qingdao Equipment Bureau, Dong Ping's capabilities were more than sufficient for the position.

During an annual factory celebration, under her organization and guidance, the performance by the modeling team became an instant hit. This performance earned high praise from both the factory management and the officials from the Bureau who were present. At that time, the Youth League Secretary of the Equipment Bureau, Ms. Cai, was very fond of Dong Ping. She even sent Dong Ping along with the Youth League branch secretary from within the system to attend training at the Central Youth League School in Beijing—after which Dong Ping had the honor of taking a photograph with the then-president of the Central Party School, Mr. Hu.

Equipment Bureau: Hard Work

Not long after, thanks to her own efforts and Secretary Cai's recognition, Dong Ping was transferred to the Qingdao Equipment Industry Company (formerly the Qingdao Equipment Bureau). Her career track was roughly as follows: From January 1998 to September 2003 she worked in the

Comprehensive Statistics Department under Director Ding; from September 2003 (at age 34) to April 2005 she worked as a trade union officer, and then served as a trade union cashier; later, in the latter part of her work in statistics, with the help of her sister's family she enrolled in night classes at Qingdao University of Technology, and in July 2005 (at age 36) she obtained a bachelor's degree in accounting. Consequently, in April 2006, based on her experience as a trade union cashier and her professional qualifications, she was noticed by Director Yan in the Finance Department and transferred there as a cashier—a position she held until October 2007.

Dong Ping had excellent penmanship even during her school years; although she was a girl, her writing was “well-balanced, combining strength with softness.” Especially during her tenure as a cashier, her elegant, refined script earned the admiration of everyone who saw it. Off the subject, even though she wrote in very small characters, they remained exquisite—and if written larger they might even resemble my father's script. My father's handwriting is characterized by its sharp, defined strokes, whereas Dong Ping's reminded one more of the graceful quality of a “demure beauty.” I once joked with her, saying, “Why do you work so hard on your handwriting? Even writing the number ‘1’ seems to require so many bends.” When I write, it's simply a straight stroke; if there are more strokes they are just extra, so simple. Later I thought that the careful way in which Dong Ping crafted her characters reflected her method of thinking—attending to every detail and factor, unlike my rather “simple-minded” approach that sometimes reveals everything too plainly.

As the saying goes, “a person's handwriting reflects their character.” Dong Ping's steady work left a deep impression on every leader at the Bureau and its divisions. In October 2007

(when she was 38), she was transferred to the Bureau Office as an administrative clerk. This role demanded even greater attention to detail and required that her written communications not only reflected her personal qualities but also aligned with the style expected at the city and Bureau levels. It was a work platform that brought considerable pressure.

After Dong Ping and I married, we lived on Yichun Road until our daughter Xiaoshuang entered primary school. At that time the Equipment Bureau was located on Hunan Road in a small building at the northwest corner of the intersection of Zhongshan Road and Hunan Road. To the north was the Baisheng Shopping Mall and to the south, the Fada Commercial Building—making shopping extremely convenient, not to mention the appealing scenery and shops along Zhongshan Road and its surroundings. Despite the greater distance from home, Dong Ping cherished both her work and the surrounding environment. She later worked in the Statistics Office, the Trade Union, the Finance Department, and the Office in succession—all to great acclaim. In her spare time she would sample various local delicacies with the Bureau leadership and colleagues, and she often managed to spare time to buy study supplies and clothing for Xiaoshuang. One must know that for working women, being able to do something for their family during work is a source of immense happiness. In April 2003, according to city planning, the building was demolished and rebuilt, and the Equipment Bureau was subsequently relocated to Fuzhou North Road. In April 2011, based on arrangements by the municipal government regarding assets, the Equipment Industry Company was incorporated into Qingdao Huatong Group.

Dong Ping worked in the statistics department for a long period—about five years and eight months—during which she frequently communicated directly with the Qingdao Municipal Bureau. Her primary responsibilities involved gathering, organizing, and analyzing business data for more than 20 units within Qingdao's equipment industry, then uploading the reports. Being a very diligent person, Dong Ping performed her statistical work with great solidity, and she developed a remarkable synergy with Xiao Wu, who was responsible for this business at the Municipal Bureau. Data compilation in an office setting is not merely about adding numbers; it is about clearly reflecting the industry's developmental trends and potential. All the data had to stand up to rigorous “recognition” and “scrutiny” by leaders at every level. Thanks to her keen insight, Dong Ping identified the proper “business guidelines” early on, and her reports and analyses won the respect of Director Wu at the Municipal Bureau as well as Bureau leaders such as Director Chen and Director Ding.

Later, because of her solid work performance, she was transferred to work in other departments within the Equipment Bureau. During this time she worked under the leadership of several department heads—for example, Director Yan (female) in the Finance Department, the Trade Union Chair (name forgotten), and Director Sun in the Office. Dong Ping's work characteristics were reflected in her immense conscientiousness. In today's terms, although her formal education was not high, her enthusiasm, dedication, and emotional intelligence were exceptional. The most crucial aspect—and the area in which Dong Ping invested the most effort—was her ability to handle interpersonal relationships with great accuracy. She never acted servile or overbearing, always maintaining a balanced and composed demeanor. This

quality was perhaps influenced by the values of my parents-in-law, and it is exactly the kind of quality required when working in a government agency. While working in the office, her two older sisters—Sister Liu and Sister Li—helped her greatly; the three of them would often go out for meals at “Tang Ji Qing Shui Yu” (a restaurant located at 31 Baoding Road). They did this for over ten years without interruption. Incidentally, this restaurant was also one of the places where Dong Ping and I often went to enjoy a treat.

As mentioned earlier regarding Dong Ping’s education, in the end she obtained a bachelor’s degree in accounting through adult higher education from Qingdao University of Technology in 2005. In large part, this was made possible with the assistance of Dong Ping’s younger sister, Dong Wei’s husband—a university professor in architecture—whose help was instrumental in enabling her to earn that diploma. This qualification indeed played a key role in her career.

Equipment Bureau: Overwork and Fatigue

As mentioned earlier, Dong Ping's work at the Equipment Industry Company involved high-intensity mental labor. From approximately 1998 (when she was 29) until her forced retirement in 2013, she even experienced a relocation of the bureau—from Zhongshan Road to Fuzhou North Road (located to the north of the Broadcasting and Television Building). Thirteen years of work eventually took its toll on her. To integrate into the bureau's work environment, she devoted her spare time to studying; on October 30, 2009, she obtained the qualification of "Political Worker" and had previously studied courses toward a bachelor's degree in accounting.

The incident that truly caused Dong Ping to "collapse" was both unexpected and, in some sense, foreseeable. I recall it was around October 2010. During that period, she was preparing a speech for the bureau chief to deliver at a city meeting. The entire office was busy preparing materials for the speech. It is said that the draft was revised more than a dozen times; Dong Ping was utterly exhausted. One day, I went to her office and saw her carefully arranging one sheet of photocopied material after another, all in neat order. I even teased her, saying, "Is it really necessary to be so meticulous? It doesn't have to be perfect, just good enough." However, she would not dare be careless and continued to organize the materials in strict order. I can't remember exactly how many days later it happened, but one day she had not eaten well the previous evening, and on top of skipping breakfast the next morning, the office continued working on the revised drafts for the bureau chief. Not only did Dong Ping repeatedly revise the speech draft, but the relentless workload also exhausted everyone in the office. Meanwhile, Dong Ping herself had begun to exhibit signs of depression. Yes, by that time she was already in a depressive state. Consequently, after working a while on that day, she suddenly collapsed in the corridor outside the restroom. Her

colleagues in the unit immediately called me, and I rushed over with them to send Dong Ping to the emergency room at Qingdao Western Hospital. In the emergency room, tests revealed that she suffered from chronic atrophic gastritis and that her fainting was due to nervous tension and hypoglycemia. After staying in the hospital for several days, she gradually regained her strength and returned home to rest for a time.

Later, overwhelmed by the pressures from the bureaucratic environment and constantly fearing criticism from leaders, Dong Ping gave too much of herself and exhausted herself physically. Every day her nerves were on high alert—she had to be vigilant in every direction—and working in the core office department required always anticipating the hidden dynamics among the leadership. This made her extremely fatigued. Eventually, after much discussion between Dong Ping and me, we decided that after her discharge she would no longer return to work—her health was paramount. Thus, Dong Ping entered a state of prolonged sick leave.

Equipment Bureau: Sick Leave and Early Retirement

What followed was a continuous process of me arranging her leave. Every time she visited the hospital, she received a sick leave certificate valid for half a month. We had to ensure that she visited the hospital regularly to renew her sick leave certificates, then fill out a leave application according to the Equipment Bureau's template and submit it to her unit along with the certificate. Because taking leave was inconvenient, we found Dr. Yang—who had previously performed an anorectal surgery on Dong Ping—at the North District Hospital (located at 68 Taishan Road). Dr. Yang was very young, handsome, and congenial; after we explained our situation, he agreed to help. Coincidentally, Dong Ping also needed regular prescriptions for gastrointestinal medications, so I had her seen by Dr. Yang,

who issued her sick leave certificates in proper order. Dong Ping actively adapted her mindset and used this period to recuperate and change her outlook. This process lasted for over two years, until May 9, 2013, which was her final period of sick leave.

On April 11, 2013, Director Sun from the bureau office, representing the leadership, spoke with me. He indicated that Dong Ping's continual need for sick leave was very exhausting and, given that she clearly could no longer work, suggested that we arrange for an internal retirement (or "early retirement within the system") by signing an agreement. I thought this was a good solution. After discussing with Dong Ping, we signed the agreement on May 23, which stipulated that from June 1, 2013, she would begin her internal retirement until she reached the statutory retirement age, with her salary reduced to 80% of Qingdao's minimum living allowance while still maintaining her social insurance. I went with her that day. By that time the Equipment Bureau had already been managed by Qingdao Huatong Group, so we no longer had to take sick leave frequently—a convenience for us. Dong Ping formally retired in 2019 (at the age of 50), a span of over six years. After arranging her internal retirement, her files were transferred to the Huatong Enterprise Custody Center on Lianyungang Road, and later I handled all matters related to her retirement there.

The above outlines a brief account of Dong Ping's work history. From the time she began taking sick leave until her internal retirement and finally her formal retirement—nearly a decade—she never truly had a chance to rest. As mentioned earlier, her work at the Equipment Bureau was far more disheartening than her time at West Sea Shopping Mall, and being a strong-willed person, she felt constant oppression at work. Yet, adhering to her principles of faith, she refused to compromise or fully integrate into that complex web of relationships. That conflict—being unrecognized while persistently striving—was the root cause of her depression.

Such an outcome, in hindsight, is understandable. We discussed many times the relationship between Dong Ping's work and her faith, and we eventually came to accept it from the heart. Since April 15, 2003 (when she was 34), after receiving the message of Christ's love from my mother, Dong Ping became very resolute in her conduct at work. She once freely drank with the leadership at a unit banquet—even to the point of getting intoxicated and having others send her home. Later, she refused all such gatherings; if she had to attend, she remained completely alcohol-free, focusing solely on performing her duties to the utmost standard. Thus, without special favoritism or sycophantic behavior, standing firm and being appreciated in a unit like the Equipment Bureau was no small feat. However, further promotion would have required even greater sacrifices—something that Dong Ping and I could not accept. Under those circumstances, choosing to leave became the most prudent option.

Physical and Mental Adjustment

What followed was that on weekends I would often drive her to various places within the province in order to change our environment and improve our mood. We visited many places—each trip lasted for a couple of days. For example, we went to Yantai, Weihai, Zhucheng, Shouguang, Pingdu, Laixi, and several other locations, sometimes more than once. Once at a destination, we would walk around, try the local cuisine, and stay overnight or for a couple of days. If we encountered a holiday or the Spring Festival break, our favorite destination was Shanghai. There were three or four times when I drove from Qingdao for 8–9 hours to go to my father-in-law's hometown in Rudong, Jiangsu, and then we stayed in Shanghai for a few days. In 2015, I even drove with my

maternal grandparents and Jiayin to Suzhou, Shanghai, and Yangzhou.

Dong Ping's favorite city was Shanghai. She once said that half of her bloodline was southern, and that Shanghai's climate, culture, and urban style were exactly what she longed for. In Shanghai, we favored two places to stay. One was the Haiyue Binjiang Apartment, located at the southeast corner of Dongfang Road and Changyi Road, where we usually occupied the 29th or 30th floor—looking westward you could see the Oriental Pearl, and northward the Huangpu River. When we couldn't find space at Haiyue, we would stay at the Maison Boutique Hotel at Jiasheng; it is located at the northwest corner of Yuanshen Road and Rushan Road and has a rather modern style. Next door was a restaurant called Nanxun Shijia, which served typical southern cuisine. Dong Ping loved it, especially its delicate noodles served in a small bowl with several side dishes—a very comfortable meal for two.

Our last planned trip to Shanghai was during the Spring Festival of 2017. We had booked a flight on New Year's Eve to stay at Haiyue Binjiang Hotel. Unfortunately, on the morning of the 29th of the lunar month, after I had taken my grandfather to the Sifang Long-Distance Bus Station, I experienced a heart attack on the way home and underwent a stent procedure that same evening. After that, Dong Ping and I never went to Shanghai again.

Through changing our environment and experiencing life differently, we saw some improvement in Dong Ping's depressive state—after all, this was also part of our life. Moreover, after we sorted out the arrangements for our daughter Xiaoshuang to study in the United States, Dong Ping began studying psychology.

Psychological Counselor

Dong Ping wanted to adjust her mental state, which was a promising direction. In my view, as long as I took her around to change our surroundings—escaping from the intense, even abnormal psychological torture of the institutional environment—she would gradually return to a normal life. However, Dong Ping went even further than I expected; from the time she began taking sick leave, she gradually started studying psychology. I recall that she once studied at Room 338 of Liangji Hotel at 33 Fuxin Road, on the south side of a small village on Renmin Road, and later upstairs at 116 Taidong Road. In all these instances, I drove her to and from classes. On September 1, 2013, she even went to the Fulaigong Hot Springs Villa in Beijing to study, accompanied by other classmates from Qingdao—I did not go that time. The school on Renmin Road was the Sifang Huizhiyuan Psychological Service Center. The person in charge, Ge Yuan, had been engaged in psychological counseling and teaching for a long time. Dong Ping communicated with her frequently and benefited greatly.

After relentless effort, Dong Ping eventually passed both the Level III and Level II psychological counselor examinations and, on March 10, 2015, obtained the national qualification certificate for “Level II Psychological Counselor.”

Now, one might ask, did Dong Ping’s study of psychology benefit her physical and mental recovery? The answer is affirmative. The process of study was arduous but also filled with life’s joys, and it allowed her to relate her academic insights to her own mental state. Ultimately, whether it was beneficial I believe can only be fully understood after deep study. I say this as an observer: I believe that after Dong Ping studied psychology, she gained a theoretical understanding of her own psychological wounds and hardships, and took a significant step forward on the path of mental recovery. In my

view, up to 20% of Dong Ping's psychological issues and depressive state over those years were self-created, while at least 60% came from the influence of my father-in-law and mother-in-law—with my mother-in-law's influence being particularly significant—and the remaining 20% resulted from our own limited understanding of faith and insufficient repentance. This is not meant to blame my in-laws, but merely a spiritual reflection intended to draw our family's attention.

Thus, Dong Ping's study of psychology helped her recognize those personal shortcomings. While it did bring about some improvement, it was difficult to completely break free from the influence of one's original family. This is a lifelong struggle for most people—to transform the influences of one's original family into a blessing. Dong Ping was no exception. One's inborn outlook on life, core values, and family relationships are hard to entirely escape. Fortunately, both Dong Ping and I became aware of this issue. Due to the inherent vulnerability of everyone's emotions, very few people can completely free themselves from the influence of their original family—especially the everyday interactions and emotional dynamics of close relatives. Many would rather hold on to that affection and the teachings of their family than risk elevating their own understanding by breaking free.

In this sense, people need to worship God; that deep reverence for the Most High allows us to regard everything else as ordinary. After Dong Ping became distanced from the unit, her physical and emotional recovery improved considerably. Ultimately, the role of our church was extremely crucial—a topic I will discuss later; for now, I will begin by addressing the so-called “evil spirits” issue.

Where the “Evil Spirit” Resides in a Person

Since around 2010—shortly after Dong Ping was diagnosed with a stomach ailment and began taking sick leave for depression—her body could no longer bear the strain and required rest. Even while at our second church, Wangyue Church, she remained extremely enthusiastic and helped many sisters. She loved to keep in touch by phone—engaging in long, marathon conversations lasting one or two hours that provided psychological counseling to others.

In short, after experiencing depression she applied for and obtained the national qualifications as a psychological counselor, first earning the Level III certificate and then the Level II certificate. Coupled with her considerable insight into human psychology and the spiritual reserve from her Christian faith, she was even more willing to help others resolve everyday life and devotional issues.

After her internal retirement gave her more free time, she began to connect with fellow Christians from Beijing, Rizhao, and other places. Together they traveled to Jeju Island, South Korea, to study theological courses—a total of three to four months combined over several trips. In Qingdao she continued studying; for several years she attended theology classes at institutions such as Principal Li Luan’s DTS and FCS programs. Her knowledge base steadily expanded, and she accumulated many study notes at home.

During that period she also joined other Christian pastors on two trips to North Korea for tourism and evangelism. Before her illness, she had gone with Sister Chen to Hong Kong to attend an evangelistic conference. The most important trip was when, along with Sister Sun from Beijing and other church members and a Korean pastor, she traveled to the Philippines for evangelistic work. Sister Sun even suspected that Dong Ping had been attacked by an evil spirit during that mission; less than half a month after her return, she was

diagnosed with aplastic anemia. Having known Dong Ping for over thirty years, I cannot be sure that her Philippine evangelism was the direct cause of an evil spirit attack; however, I can say with certainty that throughout our lives there has always been an underlying presence of evil—simply because we have lacked the resolve and courage to fully repent. From a worldly perspective, I believe that her long-term physical weakness—coupled with her neglect of proper health maintenance—led to her body’s decline.

So, is there a connection with evil spirit attacks? As I mentioned above, there certainly is—but not only during the Philippine trip. It is the result of gradually losing the battle with evil spirits over time. And this is not unique to Dong Ping; my own “three highs” problems emerged even earlier. Dong Ping’s condition was discovered on the 29th day of the lunar month in 2019, while I experienced a heart attack on the morning of the 29th in 2017 and underwent stent surgery that very afternoon. Could this be mere coincidence? Forming Bible study groups, planting churches, engaging in worship, and preaching cannot hide the fact that we have failed to fully repent and “speak against” the power of the evil spirit. This is not an expression of a lack of love among family members; rather, it shows that our love runs so deep—it reaches down to the marrow—that we still fail to cherish the body God gave us, causing our physical conditions to become abnormal.

Over the years, in both her work and her journey of faith, Dong Ping diligently strove to make up for the deficiencies in her repentance. Though she might not have fully realized it, she carried out the ministry God had led her to with unwavering commitment. I, on the other hand, fell far short in that regard. As I write this, my understanding has grown tremendously compared to two or three years ago. The loss of Dong Ping, our successive illnesses, and even the passing of my mother within the two years following their departures have made me reflect continually. As a Christian, how should we

become true examples for our loved ones—that is, live in the image of Jesus Christ? Believers who become ill are not lacking in love for the Lord or in the desire to follow Him; rather, it is the oppressive environment and their weakness in repenting of sin that prevent them from becoming exemplars in the eyes of those closest to them. I do not see this as a regret. On the contrary, I believe that if the families of these believers truly love those who have passed into heaven early, they should strive to understand their faith and pursuits and likewise become followers of Jesus Christ, earnestly repenting.

Dong Ping was the first in her family to be chosen by God. She was the pride of her family. Throughout her life she worked to eliminate the bondage brought on by family sin—the inherited guilt from her parents—and to build a beautiful relationship with God while doing her utmost to establish harmonious relationships with others around her. She did not lose her earthly life because of her own sin; rather, she bore the burdens of the family’s sin—burdens that perhaps should not have fallen on one of the three sisters, especially one whose physical condition was relatively weak. She was the pride of her family—the seed of Jesus Christ in that family. In a broader sense, not only did the evil spirit harm her, but the very spirit of the family’s sin constantly eroded her fragile body.

To clarify, what is meant by “the family’s sin”? In this context, “sin” is understood in the Christian sense. It does not refer to criminal behavior, but rather to those customs and conduct—driven by the pursuit of personal desires, contrary to one’s will, and lacking a true pursuit of life’s freedom—that betray a wrong attitude toward life.

During her illness and hospitalization, many members of Wangyue Church wished to visit her; however, both Dong Ping and I consistently refused, rarely allowing anyone into her room. First, Dong Ping was a very proud person who did not wish to face visitors; second, it was also due to the pandemic that she did not permit other sisters to come into the ward. The

only exception was Sister Guan from Wangyue, who did visit, and also Mr. Bu, who, accompanied by Pastor Feng from Hong Kong, visited the ward and prayed for her.

Rental Housing Experiences

After Dong Ping fell ill in 2019, there was a period of more than a month during which I did not attend church gatherings. After that hectic period, Dong Ping still insisted that I return to church. At that time our church had moved into the Haiyue Center; we had moved there in August 2018. However, less than six months later Dong Ping fell ill, and in April 2019—two months after her illness began—we moved out. The reasons for moving were twofold. First, the “south wing” and the gathering hall in the Haiyue Center were separated only by a single wall, which never felt natural. Second, as always, Dong Ping was very independent; she did not like being confined indoors without seeing her fellow sisters from the congregation, which she felt was odd. So she asked me to take her out. We rented a time-room (by the hour) in a nearby budget hotel where she could rest for half a day; after the gathering was over, we returned home. After trying this two or three times and still feeling uncomfortable, Dong Ping remarked that since our rental of the Haiyue Center was for God’s work, it was not proper for us to live there ourselves. Consequently, in March we rented another apartment near her sister’s residence. After moving, her sister cooked for us daily and delivered meals. Although this made dining easier and did not affect our gatherings, each hospital visit required a long drive—and the new building had no elevator. Every time Dong Ping had to go home or leave for the hospital, she had to climb stairs, which

was very inconvenient, especially when she was at her weakest during hospitalization. Forcing her to climb stairs at such a time was clearly beyond her strength.

We lived in that apartment for a year and a half. In October 2020, we moved to Yihai Garden, right across from Jilu Hospital, and lived there for one year. This location was very near the municipal hospital. We chose to move there because Dong Ping observed the building directly from the ward and decided it suited her needs. When driving, one would simply exit the complex, go downhill, turn around, and drive up. Still, because Dong Ping was very weak near her hospitalization, we had to settle her in our destination before parking. Eventually, we ended up buying a wheelchair so that we could push her to the hospital—the drawback being that weather conditions sometimes interfered.

We lived in Yihai Garden for a full year. We originally planned to stay there indefinitely, but unfortunately the landlord suddenly informed us that due to some issues, the property was no longer available, so we had to move out by the end of August. Reluctantly, we then moved about 300 meters east to the Chunyue Shanse Community. Dong Ping lived there for a little over two months, and I stayed until our contract expired before we moved again.

Our Journey of Faith

In 2003, following an incident in our family, my mother led Dong Ping and me to come to faith in the Lord—that is, in Christianity—and we joined a house church her mother attended, with Pastor Wang serving as the worship leader. This had a profound influence on our subsequent work and life. My mother was the earliest to believe, and even before my father passed away in 1997—or perhaps when he was first diagnosed

and hospitalized—he began to come to faith. My younger brother and his wife lived with her, and under my mother’s influence they gradually started attending gatherings and became enlightened. However, the family members who pursued Bible study most earnestly were my mother and Dong Ping.

In 2003, at the age of 35, I was in the prime of my youth—physically strong and full of energy, regularly drinking alcohol. Although I came to faith after a life setback, my understanding of doctrine was still vague and not very sincere. I was, at best, a “Sunday Christian.” That state persisted for more than a decade. By 2013, my faith remained at the level of briefly believing during church services and then reverting to my old self when at work—I had not read through the entire Bible in over ten years.

Dong Ping’s Devotional Studies and Evangelism

However, my experience does not represent Dong Ping’s. Her pursuit of faith was extremely steadfast. Over the years since she came to faith, she carried out a great deal of ministry: leading others to believe in Christ, helping churches with volunteer work, and more. After she began her sick leave at home, Dong Ping took Bible studies and, together with her good friend Sister Chen, attended tutoring sessions in other cities. She even participated in the Hong Kong Gospel Conference at the end of November 2011. While studying in courses such as DTS and FCS, she met many more brothers and sisters—including Korean pastors and Korean translators—and was fortunate enough to meet pastors and co-workers from other cities such as Beijing, Qinhuangdao, and Rizhao. In those years she not only studied domestically but also attended classes at Lebanon University on Jeju Island in South Korea (in March 2016, December 2017, and July

2018). Her evangelistic travels included trips to North Korea and the Philippines.

Regarding the Philippines evangelism, Dong Ping departed from Qingdao on January 14, 2019, for a mission trip lasting over ten days. While writing this, I checked some old photos she had taken. One of them includes a location screenshot showing that she was active in the Bulihan area of Xilang Town in Kamiti Province (or Ka Mi Di Province) in the Philippines—a region densely populated by the poor, as she had once mentioned. In the Philippines, 81% of the population is Catholic, and the evangelistic team Dong Ping was part of was organized by a Korean pastor, likely in connection with local groups. They visited local prisons, exchanged views with devout residents, and took group photos with local women and children. Also present on the trip was Sister Sun from Beijing. When she heard of Dong Ping’s illness, Sister Sun immediately arranged for Pastor Yang and his wife from Qinhuangdao and Sister Bao from Zhucheng—as representatives of the Antioch Church—to arrive in Qingdao on February 13. They gathered at the Haiyue Center to pray for Dong Ping’s condition and even brought comforting contributions from Sister Lydia and Brother Wang. For this, we were very grateful.

Expulsion from the Party Organization

Another event that occurred was Dong Ping’s exit from the Party. On March 19, 2019, the Party Branch Secretary of the Huatong Custody Center, Secretary Wang, contacted me. We met as scheduled for a face-to-face discussion about Dong Ping’s organizational status. Based on the conversation, it was clear that the Party Branch of the Huatong Custody Center had already convened a meeting about the matter. In other words, it was more a “friendly” notification than a deep conversation. The issue arose from Dong Ping’s trip to North

Korea in 2018, during which she traveled with several domestic pastors. She entered from Hunchun, and although the trip was brief and nothing unusual happened, she returned safely.

Perhaps because one of the pastors on the trip was considered more sensitive, the local Party organization took notice and reported the details of Dong Ping's trip to the Party Branch of the Huatong Custody Center in Qingdao. Since Dong Ping had not done anything inappropriate toward the organization or the company and was an internal retiree, the matter could have been handled lightly. However, the Party Branch clearly wished to avoid unnecessary trouble, and after "discussion" they decided to expel Comrade Zhang Dong Ping from the Party. The formal document stated that the expulsion was due to her failure to pay Party dues for more than six consecutive months since January 2018.

The official notice read as follows:

"Dong Ping: Based on reports from the masses and organizational verification, it has been determined that you have engaged in religious activities. In accordance with the 'Disciplinary Regulations of the Chinese Communist Party,' you are hereby given the corresponding organizational punishment. You have failed to pay Party dues continuously for over six months from January 2018 to the present. According to the Party Constitution, if a Party member, without justifiable reasons, fails to participate in Party activities or pay dues for six consecutive months, it shall be considered that they have voluntarily left the Party. In view of the above conduct, you no longer meet the criteria for a Party member. In accordance with the Party Constitution and relevant organizational procedures, you are hereby expelled from the Party. On March 18, you were contacted by telephone and requested to come to the Custody Center for an interview, but you have not shown up. This is hereby notified."

This was indeed a fact. According to Dong Ping, she had genuinely forgotten to pay the dues that year—it was not

intentional—and she felt some regret at having lost her Party membership, especially since her original Party application had been written with great care. I told her, “Dong Ping, think about it—could it be that all these events are part of God’s perfect plan? The Party’s decision to expel you on the basis of your faith is unconstitutional, and one day, justice will be restored.” She agreed and felt at peace. I am grateful.

I personally did have some objections, but I did not mention much after returning home. In my conversation with Secretary Wang, I mentioned that Dong Ping’s health was deteriorating and that she was still hospitalized, but neither he nor the two others present showed any particular concern, as if it did not affect them. In truth, regardless of whether she was “expelled,” they could not do anything further. We did not expect any benevolent actions from them—in fact, we were even grateful that they canceled her Party membership, since our relationship with them was never substantive.

At that time we had just moved from Haiyue Center to the Tiantai Garden on Xiaowang Road. Considering that we still held gatherings at Haiyue Center, Dong Ping and I decided that, to avoid unwanted attention, we would temporarily sever our online contact with our church brothers and sisters. We each deleted the church contacts from our phones without explanation—likely to cause some misunderstandings. However, since I still needed to attend gatherings and contact other church co-workers, we each applied for new WeChat accounts and added only a few frequently contacted members. I explained the reason only to Mr. Bu.

Committing to the First Church

The church must be protected. Ever since we trusted the Lord, we have become very dependent on the church. There are two main reasons for this. First, whether at Wangyue Church or in

our previous church, Dong Ping was always extremely enthusiastic. Our home has served as a hospitality (or “reception”) house for the church since 2003—and this was the case for most of the time until Dong Ping became ill.

Within less than six months after trusting in the Lord, we had become a reception family. When we purchased our new home, we even considered how best to dedicate it for church use. Before we moved into Wangyue Church, we lived in the Cuobu Ling community and would gather at a house church every weekend, often changing venues.

In 2003, we decided to buy a second-hand house. At that time, I was quite busy, so my mother and Dong Ping went house-hunting and searched for a suitable location. Eventually, Dong Ping fell in love with a house at the northeast corner of the intersection of Hongkong Middle Road and Zhanghua Road—a three-bedroom unit with all bedrooms facing south and a living room of nearly 30 square meters, which was ideal for gatherings. The remaining work was left to me: I went down to the lower floors of the building’s two units to paste “buying intent” notices and wait for responses. Originally, I had favored a property on the fourth floor of the East Unit, but as the owner was often away, the owner of a property on the fifth floor of the West Unit proactively contacted me. The transaction then concluded at a very favorable price—we were extremely grateful. The church’s pastor also visited and was very satisfied. Shortly after we moved in, we consecrated our home as the new gathering site for the church—continuing that role for seven to eight years, which is quite a long time. At the same time, we also brought my father-in-law to live with us.

Dong Ping and I actively engaged in serving the church. In particular, Dong Ping not only devoted herself to Bible study but also participated eagerly in church activities. In 2010 she

was in charge of planning a dramatization of the Book of Ruth for the church's Christmas party. She and Sister Chen directed and performed it, and I even had a cameo role. The performance won high praise throughout the congregation. I still keep a photo from rehearsals on December 19 at Sister Guo's home on Yanan Third Road. At that time, my understanding of the faith was still shallow—and because I was relatively busy with work I read very little of the Bible—yet I used the technical skills I possessed in the church by recording meetings and events (via video and audio) and burning them to CDs, which I then handed over to the pastor for archival records.

Our joint efforts quickly won the recognition of Pastor Wang and other co-workers at the church. We both became official church workers in ministry. Because it was my mother who led us into that church, our excellent performance was a great comfort to her. My mother was one of the senior members of that church; she and Aunt Wang would take turns praying at the end of the Sunday gathering. Under Dong Ping's influence, even my father-in-law “synchronized” with them by attending the gatherings—even after Dong Ping and I left that church, around 2011, he continued to attend. Although my father-in-law spoke with a Jiangsu accent and his Mandarin was not perfect, every year he would handwrite psalms and read them at the church's Christmas party. I still do not know why my father-in-law possessed that “gift.”

At that time our income was relatively comfortable. First, we repaid the mortgage on our house within five years; second, later Dong Ping confessed that she had anonymously donated an amount in excess of six figures to the church. I never kept track of money at home—I really did not know how much we had (though it was not a case of financial freedom), yet our

family never experienced any financial strain; instead, we grew ever more at ease. I believe this was a blessing for being a reception family.

Later, due to a serious conflict between Pastor Wang and the second lead preacher, Brother Liu, and because Dong Ping's views on relationships with the pastor and other members differed, she sided with a faction led by Brother Liu. As a result, she became entangled in their conflict. Pastor Wang then canceled our home's status as a reception point, and Brother Liu subsequently transferred to another church within the province; Dong Ping and I eventually left that church. This occurred around early 2012, and after that Dong Ping no longer had any contact with Pastor Wang—their ill feelings were permanently established. Yet we still held affection for that church; later, Dong Ping asked me to make an individual offering to Pastor Wang every year around the Chinese New Year in order to preserve the relationship. On the one hand, it was a matter of affection; on the other, it was because my father-in-law and my mother still attended that church. This practice continued for two or three years until we entered Wangyue Church in 2013.

When we left that church, it was during the period when Dong Ping was on sick leave at home after collapsing at work. At that time I frequently drove her out of town to clear our minds. Whenever we arrived at a new place, if time permitted we would attend a local “Three-Self” church service on Sundays.

Entering Wangyue Church

Actively Integrating

In the second half of 2013, a seasoned Christian brother, Yu, who had once counseled Dong Ping in matters of psychology, learned of our situation and introduced us to Mr. Bu. From then on we became members of Wangyue Church. At that time, Wangyue Church was located on the second floor of a small space beneath a commercial building on Donghai Middle Road. The first floor housed the church's "3G Café," so the church was also known as "3G Wangyue Church." The congregation mainly consisted of working Christians, making it very compatible with our background. Our spiritual growth at Wangyue was profound. Here, Dong Ping was no longer as outgoing as she had been in her previous church, focusing more on personal study and devotion. As for me, I not only assisted with reception during Sunday services but also took charge of preparing and troubleshooting audio and projection equipment.

By the following year, the church planned to organize a grand Christmas party in 2014 at the Lijing Grand Hotel, featuring both a performance and preaching. Both Dong Ping and I participated. At that time, Dong Ping joined the "comprehensive team," working with Sister Guan to oversee the overall preparation and on-site coordination for the performance, while I played the role of the elder son in a dramatization of "The Prodigal Son." The entire event was very successful, with over 600 people attending. From then on, Dong Ping and I gradually became visible among the Wangyue Church leadership. Dong Ping also took on responsibility for the finances of the café, while I continued in general ministry. Following the release of the "Regulations on Religious Affairs," which were revised in June 2017—and amid increased scrutiny, reports, and rectification of house churches across the

country—Wangyue Church, under God’s guidance, began to adjust its own organizational structure. First, it refined the establishment and daily operation of various Bible study groups; second, as the lease for the 3G Café was coming to an end and the new year’s rent was prohibitively high, it was no longer feasible to continue renting that space. Consequently, after the Spring Festival of 2018, key church workers each led parts of the congregation to rent new gathering venues. Within just a few months, the originally centralized gathering at Wangyue Church transformed into several separate branch services. Then, on July 18, 2018, the various branches were reconvened for a unified worship service under Teacher Lin’s preaching. Later, a call was made for each branch to study the book *A House that Changes the World*, clarifying an emerging vision: that each branch should “fission” into many more branches—a development model resembling a true house church that continuously multiplies. By the end of 2024, the number of branches in Wangyue Church had been consolidated from an original thirteen to eight.

Encouraged by Dong Ping, on April 19, 2018 we established the “Jesus Family Growth Group” in our rental apartment in Yuanyang Bihai Garden. We met every Thursday evening, and about ten members attended Bible study and learning sessions. In total, counting from when we temporarily left our previous church in 2011 to our entering Wangyue Church in 2013 and then establishing our own Bible study group, there was a period of about seven years during which we did not fulfill the duty of hosting a reception house—strictly speaking, a little over six years, because starting in the latter half of 2017 Dong Ping already began convening a few sisters (from the Bible studies led by Sister Kong) at our home, which somewhat counted as a reception house.

Planting a Church

On July 8, 2018, encouraged by Mr. Bu, I took the lead in establishing “Life Tree Church” and invited Mr. Bu along with Pastor Lin and his wife to come for blessing. Aside from occasionally inviting other pastors to preach, most of the time I was responsible for preparing sermons and sharing with the congregation. The Bible—which I had not finished reading even after more than ten years of belief—was eventually read two or three times. After a year of worship and study, the faith and strength of both Dong Ping and I steadily increased. Later, in order to accommodate the growing number of members, we rented a larger property at Haiyue Center (located not far from the original site) in August of the same year. Thus, Haiyue Center became the new gathering venue for Life Tree Church, hosting worship services on Sunday mornings and Bible studies on Thursday evenings.

During that period, some issues arose. For example, some brothers and sisters from other areas would attend our service, but often because our theological training was relatively shallow and our understanding of the faith was not profound, the congregation experienced a high rate of turnover. Simply put, many expected to hear more inspiring sermons, and some members who interpreted the faith differently did not wish to continue together. Also, Thursday evenings were after work, and the commute was quite congested; coming to Bible study on an empty stomach was not ideal for working professionals. Consequently, attendance on Thursday evenings steadily dropped until, one day, no one showed up at all—and Dong Ping’s and my own faith were nearly pushed to the brink of collapse. However, looking back now, all of this has become understandable.

I believe that “making disciples and building a church like a family” and “an original family is itself like a small church” are two distinct concepts in the journey of faith. The latter is the

ultimate vision toward which the former leads. In our process, true discipleship in one's own family is needed to eventually realize that vision.

Sister Zhao's "Flower Crown Church" was founded at about the same time as Life Tree Church, but there were always concerns over finding a venue for gathering. When Dong Ping learned that Flower Crown Church had no designated meeting place, she decisively offered assistance by inviting Flower Crown Church to meet at Haiyue Center. The members of Flower Crown Church were mostly older women, so they opted for an afternoon gathering, while Life Tree Church held morning services. These staggered meeting times effectively maximized the utilization of Haiyue Center.

After 2019, both churches experienced a gradual loss in membership. Although each service claimed to have more than ten people, the actual number was only slightly above half of that. Moreover, after February—once Dong Ping was hospitalized—I withdrew from regular gatherings, and the two services eventually merged. Mr. Bu, Sister Zhao, and I communicated, and I took the opportunity to participate in a combined church planting service on August 11. Mr. Bu named the new church "Yingxu Church."

The Church Family's Care for Us

Although Dong Ping no longer attended gatherings, the members of Yingxu Church continually kept her in their hearts. On our birthdays, they would write messages of blessing on cards, prepare gifts, and after the service ask me to bring them home. Especially Sister Wang, who would occasionally bake a carefully made loaf of bread or pastry at home and then, after the service, give it to me to bring back for Dong Ping. Her bread was renowned within the church as "green, environmentally friendly food," made with meticulous

ingredients, without additives, and crafted with exquisite care. It is said that she had recently opened a small shop to sell them.

In addition to these gifts, the comforting messages and prayers written by the brothers and sisters in the congregation often brought solace to our hearts. In 2021, Sister Wang's daughter even drew a picture, signed it with her name, and wrote a blessing for Dong Ping. That innocent child's artwork brought us great comfort.

Besides these gifts, after every service I would come home and recount everything that had happened at the gathering to Dong Ping in detail. She would listen as if she were still with us in the service. When Dong Ping was hospitalized, because discussing these matters in the ward might disturb other patients, I would record my voice on the drive to the hospital—segment by segment—and send the recordings to her so that she could listen to our service. Later I began compiling these messages into one recording file and would mark the service theme, title, and time, then send it to Dong Ping for her to listen to during her free time.

By the second half of 2022, due to the increased need for infusions, anti-inflammatory treatments, and examinations, her hospitalization periods grew longer. Her arms were frequently connected to IV lines, and it was not always timely for her to check messages or listen to recordings; yet she always made time to listen to what I had sent. This created an especially close bond between her and Yingxu Church. When I was not with her at the bedside, I often took walks around the hospital and listened to lectures on other religious topics or courses. Whenever I encountered something that resonated, I would call Dong Ping or send her a voice message. On one occasion, I listened to a public case study on Buddhist scriptures by Ms. Ye Man and discussed it with Dong Ping over the phone. I told her that while one's physical lifespan is determined by one's constitution—a length set by heaven—the

most important factor for those who share the same aspirations is the “lifespan of the soul.” If one, guided by God, lives out a beautiful life wholeheartedly pursuing Him, then the soul’s life will continuously extend. Dong Ping agreed, saying, “Yes, Yangyang is right.”

Furthermore, as mentioned earlier, Dong Ping loved to keep in close contact with Sister Xiao Zhou, her spiritual confidante. In contrast to her more limited interactions with other members, Dong Ping—who was very self-reliant and did not wish for others to know about her illness—always told me that she deeply cherished the care and concern shown by her fellow believers.

Later, the sisters of Yingxu Church informed the pastors at Wangyue about our situation, and the church took extra care of us due to the five years of dedicated ministry by Dong Ping and me. In early 2019, when we began trying a medication called Etichu Bopa Ethanolamine tablets (an imported drug used specifically to stimulate the production of platelets) costing 5,968 RMB per box for 14 tablets, the church learned that our monthly expense on medication was nearly 12,000 RMB. In response, the entire church quietly initiated a donation drive. Through Sister Guan, donations totaling over 100,000 RMB were collected, which solved our urgent financial need. We are extremely grateful.

Brother Liu and Sister Li

Brother Liu’s circumstances are quite unique, so I will briefly mention how he helped Dong Ping and me. After graduating from university, Brother Liu went to Seoul, South Korea, where he and his wife evangelized—primarily ministering to Chinese students studying in Korea by offering free Korean language lessons and organizing gatherings and activities to share the gospel. In his daily life he would assist Korean pastors with

translation and take on part-time work to support his living expenses. Since Dong Ping and I had once received them during a visit when Brother Liu came to China, a lasting friendship developed.

We first met on December 21, 2017. After Life Tree Church was established, Brother Liu once led a Korean pastor to guest-preach on July 4, 2018.

Sister Li also lives in Seoul, where she and her husband reside. Dong Ping likely met Sister Li during her studies on Jeju Island. Sister Li is also a Korean language translator, and Dong Ping once mentioned that she had a strong gift for prayer—one quality that Dong Ping especially admired in her spiritual sisters. I cannot recall all the details, but Dong Ping once visited Seoul alone and even stayed at Sister Li's home for one night. The two got along very well and developed a deep, unspoken understanding. After Life Tree Church was established, Sister Li and her husband also came to pray for every member at the church. Later, when Yingxu Church was planted, Sister Li and her husband attended our services.

After Dong Ping became ill, Sister Li always cared for her. In July 2019, Sister Li returned to her mother's home in Chengyang, Qingdao. We arranged to meet on July 28; I drove Dong Ping to Da Run Fa Man Ji Desserts on Changcheng Road. The two sisters met, and before parting they offered a prayer for Dong Ping. In 2021, when Sister Li returned to the country again, Dong Ping was at our home in Yihai Garden; I drove Sister Li to our house, and after they met, I drove her back to Chengyang. That time, she gave us study materials—teaching notes on prayer in the local dialect as well as on faith. I will not detail any further particulars.

I am very grateful to Pastor Liu and Sister Li and her husband for their help; may God bless them and their families.

Communication Between Dong Ping and Me

Earlier I mentioned issues around church gatherings and our moves. I bring up our moving experiences to illustrate our spiritual growth within our fellowship. After the Spring Festival of 2019, when Dong Ping was too ill to attend church, the two of us discussed our spiritual lives at home. Dong Ping continued unceasingly to read Scripture, pray, and engage in devotion—in that period, she read the Book of Job many times. Suffering and illness are not always caused solely by our sins, but when faced with affliction, remaining sinless in speech, thought, and action—and not giving in to despair—is a way to honor God.

I remember the divorce of Wang Fei and Li Yapeng in September 2013, when Dong Ping had been on internal retirement for half a year. We both loved Wang Fei's songs, but when we discussed it, her perspective and core focus were completely different. She agreed with, reportedly, Chen Daoming's view that Wang Fei seemed more concerned with having a soulmate—seeking intellectual resonance rather than the traditional bonds of family and kinship. This perspective struck me deeply, since I had always thought Dong Ping's inner self was not so delicate. That moment made me realize how shallow my understanding of marriage and family was, and from then on I began to pay more attention to Dong Ping's thoughts and inner world. Our discussions gradually grew more profound.

You must understand, the lessons on interpersonal relationships in my original family were somewhat lacking. Although both of my parents were teachers, they came from rural Shandong and did not have much worldly experience in handling human affairs. Fortunately, their honest qualities and their steadfast support enabled me to work in a state-owned enterprise, marry successfully, and experience many other smooth milestones in life—all according to their and “our

Party's" way of life. I mention "our Party" because those born before 1980 tended to have more traditional mindsets—most still operated within a "systematic" mentality. Among these people, some with courage and vision ventured into business, while people like Dong Ping and I, who strictly followed the rules, had to join "our Party" and actively align ourselves with the organization in order to get by. When our bodies could no longer keep up with that system, we sought alternative spiritual avenues. The church became a spiritual school that freed our hearts from that system, and Jesus Christ became our navigator in searching for life's meaning. Although serving in the church did not completely liberate us from sin's bondage, it at least made us recognize that ultimate authority belongs to God. Following the guidance of our Creator is the only way toward a life of freedom.

Dong Ping and I were very happy to reach that understanding, but our shortcoming was our severe lack of determination and courage to repent. Perhaps we had come to rely on the environment and the bonds of sin in some ways and were unwilling to repent on issues and in environments full of sin—such as at work, in our interpersonal relationships, and in our daily habits. I hope I have made my point clear.

In other words, even if we gain further understanding of the Bible, doctrine, and God's arrangements, such understanding alone cannot substitute for personal acts of repentance and changes in behavior. This is not simply a matter of lip service or theoretical repentance; every person's faith must be enriched through life's experiences—not merely by reading and interpreting Scripture but by praying and receiving God's plan in the context of real life.

What I have described is our process of realization from the first year of Dong Ping's illness until the fourth year. It does not mean that either of us has achieved complete repentance, or that even if we resolve to repent, we can change the existing outcomes; even our environment cannot be easily altered.

Many bonds, like iron chains, tightly shackle our hands and feet—let alone during the pandemic.

Our understanding is constantly evolving, and we are very grateful for the insights God has given us. I write this in order to serve as a reminder for others. There is an old Chinese saying that vividly describes the meaning of repentance: “Had I known then what I know now, I would have acted differently.” In my words: If you had known that negative emotions and thought patterns are the roots of sin that will cause genuine physical harm in the future, why not repent immediately? When should you start? It is at this very moment. Trust in God’s guidance, dear family and friends—don’t let “self-reliance” and similar sayings hold you back. Live boldly for a life of joy and freedom, which is what God desires.

As mentioned earlier, Sister Kong once recommended a book to us called *The Most Excellent Way*—a book on depending on prayer for healing. Dong Ping and I both read it many times. In the end, however, we did not see significant effects on either of us. It is not that the methods in the book are faulty; I simply feel that a person truly needs much more spiritual preparation—most importantly, a good, faith-filled environment from childhood. Spirituality should grow concurrently with life. No one can truly live without prayer, and no one’s life can be divorced from faith; they complement each other. If a person struggles all his life just to survive, with their mind continually suppressed, their fate will be no different from that of beasts—especially here in China.

Inhuman “Dynamic Zero”

I must say, I am deeply dissatisfied with the country’s “dynamic zero” policy implemented during the pandemic. A patient—at their most fragile, in desperate need of support—is forced to undergo nucleic acid testing, have their health code checked, and comply with quarantine regulations. These so-called policies lack basic logical reasoning and humanistic ethical considerations; they leave no room for vulnerable groups, especially critically ill patients.

The “dynamic zero” policy was pursued unwaveringly from the central government down to the local levels, yet no one has ever taken responsibility for the concrete pain caused by this policy. Take our own experience with nucleic acid testing: over time, the frequency increased absurdly—from once a month to once a week, then every three days, every two days, and finally every 24 hours or even twice a day. A patient, too weak even to get out of bed, was forced to be pushed for tests—merely to secure hospital admission. Without testing, admission was impossible; if you were tested, you might be left without a bed, and you might fear that your platelet count would drop even further. The government mindlessly executed these policies, and even pharmacies found themselves unable to supply antipyretics or other essential drugs during that time—an approach that is truly inhuman.

In 2023, when the pandemic suddenly relaxed, almost everyone came down with a fever. The government no longer mentioned “zero,” and in one night the nucleic acid testing centers fell into disuse, abandoned without care. And so it ended—without explanation, without apology, without any form of reflection. Yet among the many who died during those years of mass testing and lockdowns, who cared? On December 17, 2022, during cremation, I personally witnessed the queue at Qingdao Funeral Home exceed 200 numbers, with the cremation furnaces overwhelmed.

It wasn't only our family that suffered losses—many families experienced the same.

I know we cannot resist the system; as ordinary people, we have no means to question those high-level decisions. But I also know that our pain is real, our anger is real, and the question remains: What exactly is being “cleared” by this so-called “zero” policy? This is a question shared by many. In the process, those in power have, for their own selfish interests, eliminated the zeal and warm-heartedness of people of conscience.

The Meaning of Writing and the Comfort of Faith

More than two years and three months after Dong Ping passed away, I gradually began to find peace in my heart and finally found the courage to write down these experiences. It took me over half a month to complete the first draft. This writing is both a form of self-soul cleansing and a record for my child. I want her to know what kind of person her mother was—a woman who faced life, illness, and even death with strength, serenity, and dignity.

During these four years of caregiving, my own mind and body underwent tremendous hardships. My own heart problems and emotional fluctuations brought me repeatedly to the brink of collapse. But thanks to God, I learned through these experiences to become more obedient, empathetic, and patient. I began to ask: How can one find the power of faith in suffering? How can one retain one's soul amid the burdens of harsh reality?

Now I understand that suffering in life is not something to fear—it is the absence of meaning in that suffering that is truly dreadful. I also understand that what is truly worth pursuing in this world is not mere comfort, but a life in which, even in suffering, one still chooses goodness, continues to believe, and retains hope.

I write all of this not to complain, but to let more people witness the true situation of an ordinary family of a patient in China during the pandemic. We do not intend to portray ourselves as tragic figures; rather, we want to live with dignity and hope in our faith and freely pursue our life ideals. I hope that my child, our family, our friends, and anyone who reads these words will understand: Trust in the Creator and focus on doing what is before you. Boldly pursue a dignified life—that is the right every person deserves.

In this long and detailed memoir, I have tried to faithfully reconstruct Dong Ping's treatment journey and record our

genuine feelings as we faced illness, life, faith, and farewell together. This record is not only of sorrow but also a chronicle of our souls maturing through life's experiences. It is my testimony, written from the brink of life for my beloved, and it is also an expression of cherishing even the smallest ray of light in life.

For me, writing is a form of prayer—a movement inspired and guided by the Holy Spirit—and an attempt to converse with God even amidst deep grief. Our experiences are neither rare nor isolated; they are the realities that countless families endure in silence. In those long nights in hospital wards and during the quiet moments of farewell in the morgue and wake, our souls are slowly stripped away until only one question remains: “What truly matters?”

These details should not be shrouded only in sorrow. Every nuance of life is worth remembering, and every struggle should be acknowledged. It is precisely in the midst of pain, indifference, haste, waiting, and spiritual hope that we gradually come to understand: What truly comforts is not a comprehensive explanation of “why,” but rather living in a way that proclaims, “Despite everything, I still love, I still believe, and I still hope.”

If you have read this far, perhaps you have prayed with us for healing; perhaps you are currently enduring similar pain, or worrying for a loved one, or feeling overwhelmed and suffocated. I want to tell you: You are not alone. No matter how indifferent the system may seem in this country, there is still warmth to be found—perhaps in a friend willing to listen, in a passage of scripture, or even in this very book.

The purpose of this memoir is not to plunge you into sorrow but to encourage you to cherish the light of the present and confront your vulnerability without denying your dignity. Dong Ping did all that she could in her limited time—she learned, served, accompanied, and endured. She believed in the Lord and trusted people. Her life did not end in silence;

rather, it left behind a testimony that is resolute, peaceful, and gentle.

I hope that these words may serve as a small lamp for your soul. If you are willing to love, then love truly; if you are willing to live, then live freely; if you are willing to believe, then continue to believe even amid doubts.

This is why I write—it is also my invitation to you.

Written in the spring of 2025, during the season of blooming cherry blossoms and vibrant sakura, when all of creation is revived. This is dedicated to all those who, amidst loss, still search for light.

Author: Ming Hu

Disclaimer

The drugs, therapies, materials, and other items mentioned in this article are records from my personal experiences and are offered solely as personal recollections. They do not constitute medical advice—please do not imitate them blindly. Some of the people mentioned have been given pseudonyms, and the related events are a true reproduction of my lived experiences intended solely to express the psychological process and environmental context of that time, without any intention of attacking or blaming anyone. To protect privacy, some real names of individuals, units, and organizational names have been changed. If this has caused any inconsistencies in the narrative, please understand that I do not intend to distort the facts; I ask for your understanding and tolerance.